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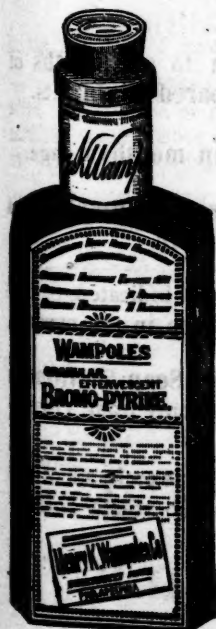
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Clinical Lecture.

OPERATION FOR RADICAL CURE OF SCROTAL HERNIA.—TENOTOMY FOR TALIPES EQUINUS.—EPITHELIOMA OF THE LIP.¹

By ERNEST LAPLACE, M.D.,

Professor of Pathology and Clinical Surgery in the Medico-Chirurgical College; Visiting Surgeon to the Philadelphia Hospital, etc.

GENTLEMEN:—The first case I show you this morning is one of the greatest importance. It is one in which I shall perform an operation for the radical cure of hernia. This hernia is of the scrotal variety, and the operation will consist in cutting down to the sac—or into the sac if necessary—investigating matters to ascertain if there be any adhesions, if none, so much the better; in reducing the hernia; in dissecting the sac from the tissues of the scrotum, passing a ligature around its neck and removing the excess of the sac below, obliterating in this way its cavity; and finally in treating the case antiseptically. Now, what are the dangers connected with such an operation? In any operation for hernia we should first think of the epigastric artery. In this case this artery is internal to the hernia. I will not cut among the inguinal ring, however, and will, therefore, run no danger of injuring it in this operation. The sac of the hernia is absolutely nothing else than the peritoneum which has been pushed down in front of the descending intestines. It is, therefore, an acquired scrotal hernia.

What is the difference between an acquired and a congenital scrotal hernia? A congenital scrotal hernia has no special containing sac whatever, the intestine passing directly down into the tunica vagi-

nalis testes. In the acquired form, however, the intestine pushes the true peritoneum in front of it, and then, in addition to the tunica vaginalis testes, we have this other peritoneal investment.

There are cases in which we should be prudent and cautious in our antiseptic measures. In this case you will notice that I am not going to be antiseptic, but aseptic. I will be cautious in removing all germs from around the patient, so that not being any there will be no use in endeavoring to destroy germs by antiseptics. Antisepsis is but the stepping-stone to asepsis. This is the reason why Lawson Tait, in a measure, decries antisepsis. He is careful in the preparation and treatment of his cases, that he has killed all germs, and needs no antisepsis but scrupulous cleanliness. The instruments which I shall use have been sterilized over night, so that it will not be necessary to use carbolic acid now. This cotton has also been sterilized, and I shall use it for sponging purposes. The patient has been thoroughly washed, first with soap and water, then with ether, and finally with a sublimate solution, and a towel dipped in the sublimate has been left on his scrotum over night.

The first thing to do here is to reduce the hernia. This I have now done, and my fingers are in the inguinal ring. The internal and external rings are in apposition here, the inguinal canal being virtually destroyed. I will now cut directly into the scrotum, and if I can dissect out the sac without opening it, so much the better. I am only using here water which has been boiled and then allowed to become lukewarm, but without the addition of any sublimate or carbolic acid. The inguinal ring is so large and stretched that the hernia readily slips out. I am now upon the sac, which I can recognize by its smooth, glistening appearance.

¹ Delivered at the Philadelphia Hospital.

By dissecting up all adhesions I am able now to circumscribe the membrane as it emerges from the inguinal ring. The hernia being reduced and the sac empty, I have nothing now to do but to pass the ligature around it, first ascertaining that the cord and testicle are pushed well back and not included in the ligature. Having now tied my ligature, I will not remove the sac, since it is completely obliterated, and care has been taken to avoid any infection of the wound. I inject into the tissues some ten per cent. solution of iodoform in ether to irritate the parts a little, kill any germs which may be present, and secure union by first intention. Inserting a drainage tube, I close the wound in the scrotum with a continuous suture, and put over it a sterilized dressing.

The next case I wish to show you is one of talipes equinus. This condition, like the other forms of club-foot, may be either hereditary or acquired. The etiology of this disease is not known. Some forms of club-foot are due to an irregular development of the astragalus. We thus have produced the forms of talipes varus and valgus. But in talipes equinus, where there is a shortening of the tendo-achilles, the direct cause of the trouble has not been found out. In this operation of severing of the tendon by subcutaneous tenotomy, scrupulous cleanliness is also needed, as in the former case. It was through this class of operations that attention was first directed towards the need of antiseptic precautions in surgical procedures. It was noticed that all of these cases of subcutaneous surgery proceeded rapidly towards a cure without any suppuration at all, while all open wounds passed through a period of suppuration. It was formerly believed that an open wound necessitated the so-called "laudable pus," but it is now recognized that if germs from the air or elsewhere be kept from a wound all suppuration may be prevented.

In performing tenotomy it is necessary that we know the underlying structures. We can bring the tendon boldly into relief by stretching the foot. Then with the edge of our tenatome directed outwards, or to the side of the foot, we insert it along the line of the tendon and cut out until the tendon snaps. Over the point of puncture we apply a little iodoform gauze, and then put on a permanent dressing. If we did not do this, the tendency would be to have a return of the original condition, for the tendon is a living tissue, and granulations will be thrown out, fibrous tissue formed, and a cicatrix result, uniting the two ends and causing a return of the condition. By stretching the foot, the contraction will be prevented, and the deformity remedied. In putting on a plaster of Paris dressing, let me call your attention to the absolute necessity of there being a good layer of cotton over the foot. Otherwise, pain will result from the pressure due to the swelling. By putting on the cotton we allow for this swelling. Most of the dressing should be applied around the ankle-joint, in order to maintain a continued flexed condition of the joint.

The next case is one of epithelioma of the lip, the so-called "smoker's cancer." This cancer is a strong evidence to the fact that in order to have a cancerous affection we must have an irritant to start with, and that next, the past must be a predisposition of the patient to the development of the peculiar condition we know of as cancerous growth. The true etiology of cancer is not known. The most favorable time to operate upon an epithelioma is as early as possible after we have convinced ourselves that the growth is of this nature. The sooner the better, especially before metastasis has taken place—that is, before there

is any involvement of the lymphatic glands. If such involvement has taken place, the glands will present the same pathological condition as the original growth itself. Happily, I have not here detected any infiltration of the glands.

I shall remove this wedge-shaped piece of the lip. As you see, the parts are very vascular. I control this bleeding by compression by forceps until I am ready to insert my sutures, when the pressure exerted by them will suffice to prevent further bleeding. I shall insert a deep suture here first to remove the strain from the superficial ones.

Original Article.

THE WEST INDIES AS A SANITARIUM.

By WILLIAM F. HUTCHINSON, M.D.

CHAPTER XII.

CUBA.

IN speaking of the Queen of the Antilles as a health resort, I find it necessary to begin my remarks with the statement, that if it is a health resort in truth, it is only because of its delightful and varying climate, and not in any way attributable to the social surroundings of the country; for within the last twelve years the continued grinding exactions of the Spanish government have so far destroyed the internal resources of the Island by exacting taxation and systematic repression of all that is good, that it is no longer a pleasant thing for a traveler to visit Havana City, and practically an unsafe thing for him to do to attempt to travel inland, away from a railway.

This condition of things has been steadily growing worse for five or six years, and during the last winter several who have visited Havana have told me that it was the custom for men to go about the streets at night only in parties of two or more, well armed and ready for any attack.

This state of affairs is one which is not conducive to quietude of the nervous system, nor to improvement in health of an invalid; therefore, while I propose to describe this beautiful country, and do it full justice in this work, it is with the reservation that its availability and comfort apparently lies in the future, when there may dawn for this most oppressed land an era of freedom and prosperity to which its natural advantages fairly entitle it, and from which it will be divided as long as the Latin race is permitted to retain possession of it, or the Spanish flag to wave over its Havana headquarters.

Cuba is in itself almost a continent. Stretching from a point some sixty miles west of our Florida Keys, to a distance of seven hundred and fifty miles east, with a breadth of from thirty to one hundred miles, it comprises in itself a sufficient amount of territory to give opportunity for journeyings and excursions innumerable. Besides this there are mountains in the eastern part of the island which are high enough to permit of any variety of climate being found upon their soft, sloping, verdure-clad sides. Extensive meadows, plains and valleys, alternating with deep and gloomy mountain gorges, open from the base of island mountains and give to the artist eye a succession of exquisite pictures. On the seaward side slopes are more precipitous, and come down to the water in craggy descents that are picturesque in the extreme. The eastern end of the island

also is filled with precious metals and valuable minerals, which are at present beginning to be explored by enterprising Americans.

Rivers are few and of but slight extent, because the rocks on which soil is built are mainly lime stone, perforated in every direction by rifts and caverns, into which the surface water finds ready entrance. In the middle of the island vast plains of red clay, resting upon a subsoil of rock, extend from one side to the other, and the population is sparse. Through this section, where once beautiful coffee and rich sugar estates covered every mile, devastations of the Spanish soldiery, volunteers, and banditti, have so completely destroyed the value of land to live upon, that only desolation reigns where formerly was wealth and prosperity.

To the westward is the land adapted for the production of coffee, which means a better drained section than we have just left, and still west of that, the vast tobacco plantations in the district of Vuelta Abajo. This belt is eighty-four miles long by twenty-one broad, and comprises the section upon which grows the most valuable specimens of tobacco plant in the world. All the cigars of the famous makers of Havana come from this belt, which, while it has never been large enough to supply the immense demand, has not failed to give to millions of cigars made thousands of miles distant its famous and well-known name.

There is no reason why a tourist visiting Cuba should carry any other money with him than American, which is always at a premium, even over Spanish gold. Perhaps the best way to reach the island is by rail to Tampa Port, thence by steamer across a smooth sea about twelve hours wide; or one may go direct by the excellent steamers of the Ward line, which sail weekly, and carry one to the entrance of the beautiful bay in four days. By whichever route one may arrive here, he will be landed from the steamer by boats that ply about the harbor at the custom house dock, and will pay whatever amount his limited knowledge of Spanish permits him to bargain for, or the conscience of the boatman allows him to ask; in the latter case, an unknown quantity, the proper fare being twenty-five cents for each person. There is never any trouble at the custom house. Officers are polite, and one's baggage is fairly on its way to the hotel before the tourist has ceased to be amused and entertained with the strange sights about the dock.

There are several excellent hotels in Havana, the best of which is probably just now the Pasaje, and it is better to have had one's rooms engaged beforehand, as the hotel is frequently crowded during the winter months. A note addressed to Mr. Smyrk at the hotel Pasaje, will meet with prompt attention and insure comfortable quarters. The price of hotel living in Havana is considerably higher than in the other islands that we have visited. It is usual to pay four or five dollars a day, where, as we have seen in other places, the average is but two. The best rooms in all these Cuban hotels are the highest up, and if you can get yours upon the roof, you will be sure to have plenty of fresh pure air, and the loveliest sunrises in the world. Winter temperature is 77°, running down in the interior to about 75; but I have repeatedly seen a drop take place to 55°, when every one, Northerners included, went about half frozen. Rains are uncommon and rare during the winter months, and frost, of course, is totally unknown, except upon the tops of the highest mountains; yet it will not do to wear thin clothing in Cuba because of frequent severe and sudden changes, and it is better for

every one to provide himself with woolen underclothing and flannel suits.

Umbrellas are an absolute necessity. Not so much for rain as for the constant, burning heat of the sun, and a native would as soon think of leaving his house without his hat as without his umbrella.

It is better to be careful of one's diet, for the temptations at the well-furnished tables of these hotels in the shape of savory Spanish dishes and excellent Spanish wine are great. One good meal a day—the breakfast—served at noon with a moderately light dinner at seven, is quite sufficient for the full-blooded Northerner, who exchanges his winter at home for the summer of Cuba. And if caution is needed in eating, it is much more necessary in drinking. Stimulants should be totally avoided, or indulged in with extreme caution. Here, as elsewhere, I believe it to be much the better plan to bring one's diet as close to the native standard as possible. Be satisfied that the experience of a people in the land which they have inhabited for hundreds of years, will certainly guide them properly, and it is only fair that their example should be followed by those who come to stay but a little while. These dwellers under the sun know better far than to increase the caloric in the atmosphere by pouring liquid fire into their stomachs. Their drinks are called "refreskers," and are so in point of fact. *Orchata*, *naranja*, *guanabana*, *panales* and *limonada*, are some of the Spanish names for delicious fruit beverages, served up in immense glasses half filled with tinkling ice, whose music itself refreshes in this hot climate. One drinks them continually, imbibing through the day a quantity of fluid which would be simply out of the question in a colder land where transpiration through the skin is slow. Our thirsty friends like them all, and are ever on the alert to find something new. Best of all is, perhaps, the juice of the green cocoanut, always cool, healthy and cheap.

A Cuban drinks water in a handy sort of way. He takes the jar in his hands, holds it above his mouth eight or ten inches, and pours a stream down his throat that never touches anything excepting the bottom of his stomach. It requires practice to do this and not get wet. I tried it, and immediately proceeded to my room for dry clothes. Tumblers work better for foreigners.

In a work of this kind, to speak of Havana and omit all mention of bull fights would manifestly be unfair, and yet the sport is so essentially bloody and cruel that it is better to spare my readers details. Any one who wishes to assist may readily find a chance if he is in Havana over Sunday, for there are few of the Sabbath days when there is not a fight going on at the bull ring across the bay at Regla. I have rarely found Americans who could sit through the spectacle, and not be turned deadly sick by the bloody brutality which these people are pleased to call "amusement." One visit to this circular butcher's shop is usually sufficient for most of our people.

In many instances careless of human life and reckless of bloodshed, the *Habañeros* evince a loving care in poverty and distress which gives to a stranger a better idea of their character than he would be likely to form upon a superficial inspection. Around the ring of the Plaza de Toros, women and little children form a part of every audience, and watch with delight the frightful cruelties of the fight. In war persons are massacred on both sides like wild animals, and no quarter is given or asked.

But there are two opposite sides to Spanish character. Let us look a little at the better part, and

visit two of the leading charities of Cuba, which would do honor to any country in the civilized globe. My excellent friend, Dr. Burgess, who has long represented the medical profession in Cuba, and whose extended residence there has given him great influence in Havana society, accompanied us one day to the well-known Casa de Beneficencia, or Foundling Asylum of the city, where more than a thousand children are constantly cared for. About a mile out, through the seaward streets, we came to an inclosing wall of yellow stone, and, with the doctor for guide, passed within the gates. Outside was the lonely street facing the sea, with but a few Chinese loitering around; within was busy, bustling life and work. The superintendent was especially anxious that we should see everything, and really there was nothing unworthy of careful attention. Within these yellow walls was all the machinery of a town. Shops in which there was for sale every needful thing; streets of handsome buildings; chapels, altars, gardens and fountains; all showed intense activity. We were shown suites of comfortable rooms, where women, poor or rich, married or single, might come for their confinement, and be sure of kind and skilful attention, with no other than voluntary payment, and no questions asked, except name, age, and birthplace. The dining-halls were neat, airy and cheerful, and we saw hundreds of healthy, happy children eating plain, nourishing food to the accompaniment of the church lessons of the day. Then came the dormitories, play-rooms, hospitals and store-rooms, for all this mass of child life of from a few hours experience in the world to fourteen years of age, when they are apprenticed out to some trade, if not otherwise provided for. This great charity has been endowed by bequests till it is nearly self-sustaining, and is doing more to suppress the infamous crimes of infanticide and abortion than a thousand penal laws.

A few days later, again in company with Dr. Burgess, we devoted half a day to a visit and inspection of the Leper's Hospital, the well-known Lazaretto of Havana. All the islands of the West Indies are more or less infested with this terrible disease, which up to within a few months of this present writing, the summer of 1891, has been practically uncontrolled by governmental interference; but within the past year the efforts of a number of determined men have resulted in the segregation of lepers in almost every island where they were known, and the result of this wise action will be to speedily rid these islands of their greatest curse for tourists—the presence in the streets of victims to this loathsome disease. It is of the tuberculous, or the anæsthetic type: that peculiar phase of leprosy described in the Bible, wherein the skin becomes as white as snow, is totally unknown out of Syria, and I am informed by travelers who have recently visited the Holy Land that lepers there at the present time are of the same type as those in the West India islands. From first to last the disease is incurable. Every phase of treatment that has hitherto been tried has proven only palliative. The best results have been obtained in Antigua and St. Kitts from chaulmoogra oil. It is doubtful, however, whether anything better has been attained than alleviation of the disease; certainly there is not one case on record that has been cured.

Dr. Boon, of St. Kitts, who drove me to the newly-built leper asylum at Sandy Point, on that island, which is under the most efficient charge of Dr. Semper, assured me that during his twenty-three years' active work in the island he had neither known or heard of a single recovery, and this experience but

repeats that of every other medical man whom I met throughout the islands. The general opinion, so far as I was able to ascertain it, was against the contagiousness of leprosy. All agreed that, under certain circumstances, it might be transmitted by direct infection, but cases of this kind were so exceedingly rare that the sisters who have had charge of the lazaretto in Trinidad for twenty-five years told me that they could not recall more than one or two instances where the disease had been propagated in that way.

Within the last two or three years so much interest has been excited in leprosy by constant study of the disease and untiring efforts of the newspapers to provide for the proper care of its subjects, that authorities throughout the West Indies have made it a subject of careful consideration and stringent law. The new police regulations of St. Kitts provide for forcible segregation of every leper found about the streets who is unable by himself or friends to provide for proper care and treatment out of sight. The senior medical officer of the island, Dr. Branch, assures me that the number who still remain in their houses, under the exercise of this law, are but twelve, and that these are so closely watched that there is small danger of their ever being seen. The total number in the islands of St. Kitts and Nevis is about one hundred and ten, and I found in the comfortable quarters at Sandy Point about one hundred patients under care; this digression from Cuba will, I hope, be justified by general desire on the part of the profession and others for information regarding this terrible disease.

Havana is peculiarly fortunate in its leper hospital, for it owes nothing to state aid for its erection or support. Many years ago a wealthy merchant, who owned large estates outside the walls, discovered upon his person evidences that he was a victim to leprosy. There was no place for him to go, no shelter outside his own house, and to remain there involved the health and life of his family, so he built a residence upon these suburban plains and retired to it for life; and, while awaiting death, determined to build and endow a home for all future lepers in the land, to which they could retire upon the appearance of those signs which forever doom a person to a living death. They are not many. A little round, movable mass in the lobe of the ear or under the skin of the face, a slight difference in color of the skin of the hand or arm, and sentence is passed. No pain; no general disturbance of function; only a multiplication of tumors over neck and face, or an extension of paralyzed surface takes place, until the first stage is passed. Then these tumors break down into ulcers, which spread relentlessly until the patient succumbs from exhaustion, unless complications in the way of consumption or some other form of disease puts an end to the scene.

The Havana lazaretto is a great space inclosed within high walls, wherein are two immense stone halls, with well arranged rooms for some three hundred men and women. They are more than pleasant, these wards, surrounded as they are by wide verandas on every side, and close to the Mexican Gulf, whose salt air breathes coolness and strength into every cranny of every room. They were even more attractive than my own chamber at the hotel.

Accompanied by the quiet, sweet-faced sisters who have sanitary charge, we wandered through the building, admiring the pretty gardens, and meeting here and there patients, whose evidences of leprosy were carefully concealed, except where the disease

had amputated parts of their limbs. It is not impossible to gain access to the Havana lazaretto, and any one who cares to visit these unfortunates may do so by making application to Dr. Burgess.

The stranger in Cuba will care, probably, to visit some sugar planter's home, or "ingenio," as the Spaniards call it. There are not many sugar plantations within visiting distance of Havana, indeed but one is especially accessible. In order to visit that considerable diplomatic correspondence is necessary, for it is peculiar to some of our countrymen who travel that they are not content with criticising sharply what they see, but they must print their strictures in some newspaper at home. So when the sugar planter of La Toledo saw himself sneered at in print, and called a "cruel slave driver," he lost his patience, and vowed that Yankees should never come in his gates again.

The excursion may readily be made in one day, and permission to visit the estate can be obtained through the proprietors of the hotel. One goes by cab to the railway station of Marianao, past the beautiful botanical gardens, and by rail to the pretty village, terminus of the road. Carriages must be provided here, to drive across country to the plantation, which is carefully guarded by a well-armed negro, who permits no one to enter without a pass. Driving directly past the works, the residence of the superintendent will be reached, who is pleased always to show visitors about the place and to exhibit to them the process of sugar making. The last time that I visited Toledo slavery was still in existence, and there are yet some few of the slaves upon the plantation, but the institution is doomed, and a few more years at most will see its total extinction.

It is well worth a visit, this sugar estate, and for those who have never seen the transformation that cane juice undergoes in becoming sugar it is indeed interesting.

Coffee plantations are practically done with in the island; and this seems a great pity, for the soil of the centre of Cuba is particularly fitted for the growth of the coffee plant; so it is out of the question that a coffee plantation or cafetal can be visited.

An excursion should be made to Matanzas, which may readily be done in a single day, there being a choice of two routes by rail—one running through the island, and giving a good chance to study its topography for five or six hours; the other, directly along the coast a distance of sixty miles, a run which is made in about two. If any one chooses to remain in Matanzas—and I am by no means sure that it is not a better place to stay than Havana—he will find an excellent hotel, kept by three brothers, who are energetic and capable, and who manage to make travelers very comfortable at a moderate cost. From Matanzas there are most delightful drives—one to Monserrat, a hill that overhangs the city and the valley of the Yumurri; and another along the beach, through the beautiful Calzada del Mar beside the azure sea, toward the famous caves of Bellamar. There is no more beautiful view in the West Indies than the lovely valley that stretches out from the hill of Monserrat, seventeen miles in length, and eight or ten wide. Winding through the middle is the silver line of the little river that gives the vale its name, bordered on either side by tall palms, whose stately proportions are dwarfed by the distance, till they look like children's toys. My only regret in leaving the valley was that I had forgotten my colors, and could not bring a sketch away. I commend Yumurri and its lovely scenery to the thoughtful attention of

every artist who goes to Cuba. A buggy carrying two persons may be hired at the hotel for the drive out and back, for about a dollar; or a volante, carrying also two, for three dollars.

Almost every one who visits Matanzas cares to go to the famous caves that have been written about and talked about so much that they are almost as well known as our own Mammoth Cave.

It is a curious story how they were discovered. The land under which they stretch out their winding passages had for many years belonged to a poor planter, who had despaired of ever getting anything valuable from his arid fields. He gave them up finally for pasturage, and one day determined to dig a well to provide his cattle and sheep with water. The workmen had gone down some fifteen feet, when one of them, who was loosening the earth with a crow-bar, felt his tool slip from his hands through the hole it had just made, and fall into unknown space with a ringing sound, as if it struck a metal floor. He climbed out of the well, and went to his employer with the story, who recognized the fact that the crow-bar had probably fallen into some cavern, and at once began to explore; and the result was the finding of these vast chambers underground, that have been explored a distance of some dozen miles or more, but to which a limit has not yet been discovered.

The drive from the hotel by volante to the caves may be done, and the caves themselves visited, in a half day, at an expense of ten dollars for three persons.

From Matanzas, a railway runs across the island to Cienfuegos; but, unless one is forced to go to this place, I advise that the railway journey be not taken, for it is emphatically the most uncomfortable one that I know of anywhere. There is neither water nor food to be had by the way. At every station one may find readily the rum of the country, and harsh red wines; but no water fit to drink, and it is necessary to take with you on the cars a sufficient quantity of the necessary fluid to last till you reach the journey's end.

Cienfuegos is a bright, Yankee-looking town, with two or three fairly good hotels, a pretty square full of flowers, wherein a band plays on Sunday, and an extraordinary club built and owned by Chinese, which is well worth visiting. From this town one may go inland a little way, but not far just now, on account of the banditti, who make life uncomfortable.

The largest city of the eastern part of the island, Santiago de Cuba, is totally useless as a pleasure or health resort. There is no hotel worthy of the name, but one or two second-class restaurants, nothing to see, and nothing to do, except to get away, and so I shall not trouble the reader to accompany me about Santiago.

The only additional remarks that I care to make in reference to a visit to Cuba are that I have found it a much more expensive place to visit than the other islands where English is spoken, and by no means more comfortable in any way. In choosing, therefore, one's route for a vacation, it may be as well to leave out Cuba—at least, until a more beneficent and liberal government than that of Spain has charge of its internal regulations. A few years ago the Isle of Pines, on the south coast of the island, was a well-known resort for consumptives, and was readily reached by steamer from Batabano. Now, however, the departures of the boats are exceedingly irregular and uncertain, and the rapidly-decreasing number of invalids who have gone there has prevented proper care being taken of the slight hotel

buildings that were there, which have fallen into much decay; and one can hardly be justified in sending delicate invalids to a place so difficult of access and so uncomfortable as the Isle of Pines is at present.

The average expenses of a tourist in Cuba may fairly be reckoned at six dollars a day, which may, however, be reduced one third, if he remain quiet at a second-class hotel or boarding-house.

SAL-BROMALIDE (SALICYL-BROMANILIDE.)

By FRANK WOODBURY, A.M., M.D.,

Honorary Professor of Clinical Medicine in the Medico-Chirurgical College of Philadelphia; Chairman of Section on Materia Medica and Pharmacy, Am. Med. Asso., etc.

IT is unfortunate that the chemical titles of the newly introduced remedies belonging to the aromatic series are so long and involved as to prelude their use in medicine, or, at least, in clinical medicine; for what would be gained in exactness of terminology and scientific accuracy by their employment, would be lost in convenience. In fact, if many of them were known only under their scientific title they would never have gained a foot-hold in practical medicine. If antipyrine had been introduced simply as dimethyl oxyquinizine, who would question that its annual consumption would be confined to ounces instead of tons, as at present? We doubt if there are many physicians who would prescribe sulphonal under the name of di-ethyl-sulphon-di-methyl-methane, or kairine as oxy-ethyl-chinoline-hydrate-hydrochlorate. It has thus become absolutely necessary to adopt short titles that may be sufficiently descriptive and characteristic to enable them to be applied without error. In fact, this had already been done in the case of salicylic acid (orthoxybenzoic acid) and chloral (trichloracetyl hydride or trichloraldehyde), and in many other instances.

Taking a hint from chloral, which combines the first syllables of its constituents, chlorine and alcohol, I have taken the first syllables and the final one of the full title of a new drug, which appeared last year, salicyl-bromanilide, and made of it the shorter and more euphonious name of sal-bromalide, which has less of "learned length and thundering sound," and is easily understood by the pharmacists when encountered in prescriptions.

Having had several months experience in the use of this new compound, perhaps a general summary of my observations might have some interest to others who are using it. For those who have not yet acquainted themselves with this recent addition to our already somewhat overburdened armamentarium, a few words of description are necessary. Dr. S. Radlauer, of Berlin, some six months or more ago, brought to the notice of the profession a derivative of acetanilide, or rather a combination of two derivatives of acetanilide; *i. e.*, salicylanilide and bromacetanilide, the formula being: $C_6H_5NH[C_6H_4(OH)(CO)] + C_6H_5Br.NH.CH_3.CO$. It has been found, as might be inferred from its composition, an antiseptic, antipyretic, antineuralgic and hypnotic. On account of its sedative and hypnotic influence, it was originally called by its introducer "antinervin," a title, to my mind, very objectionable, and one that would not commend itself to the profession. It will be more appropriated to call it sal-bromalide, as suggested at the beginning of this communication.

Sal-bromalide is in the form of a white crystalline, granular powder without odor, and almost tasteless. It is soluble in ether, alcohol, and hot water; and

very slightly soluble in cold water, to which it imparts a feebly acid reaction. It is much more soluble in water acidulated with hydrochloric acid, or in dilute solution of caustic potassa. It is an antiferment and deodorizer. In support of this I would cite the following experiment. Some stale urine in a specific gravity glass in my office was found to be decidedly malodorous and thronging with bacteria. The addition of a grain or two of sal-bromalide at once checked putrefaction, and in the course of a few hours had almost completely deodorized the liquid, which, by the next day, had become clear, the bacteria falling to the bottom of the glass.

I have used the remedy clinically:

1. To relieve pain.
2. To produce sleep.
3. To allay spasmodic cough.
4. To reduce fever.
5. To arrest fermentation in infectious dyspepsia.

The usual dose is from 3 to 5 grains, where the remedy is repeated every few hours; for a single dose 8 or 10 grains may be given. I have generally prescribed it alone, as it is not unpleasant to the taste; but for children I have added to it about one-fifth of its weight of sweet chocolate or Phillips' digestible cocoa.

Without going into details of cases, I would say that for the relief of pain, as in migraine or neuralgia, this agent has proved satisfactory (after removal of any irritating substances from the stomach or bowels, when such were present). In simple neuralgic headache, it acts like antipyrine, though requiring only from 5 to 8 grains usually at a dose. The same amount, in a number of instances, produced natural sleep in patients suffering with insomnia. In one case of spasmodic cough, with an asthmatic element, 5 grains were given every hour for six hours, and the patient slept all night, though, according to her statement, she had not been able previously to lie in bed or to sleep at night for more than a month. I have not had an opportunity of testing it in whooping-cough, but from its effects in other forms of spasmodic cough I feel satisfied that it will at least modify the paroxysms. In fever attending the grippe, sal-bromalide acts promptly, and ameliorates the other symptoms—muscle pains, headache, backache, etc. In other febrile conditions, I have not yet completed comparative observations with other antipyretics, but note that it quiets restlessness and favors repose. Possibly, in larger doses than I have yet given it, sal-bromalide may also be efficient as the other agents of its class in lowering temperature. It agrees well with the stomach, and checks fermentation, though not so promptly as some other antiseptics.

Thus far, I have not observed any unpleasant effects upon the circulation or nervous system, either in adults or children. Even in cases with dilated and fatty heart, several 5-grain doses, given every hour or two, apparently caused no ill-result, but, on the contrary, produced a good night's rest. As it is excreted principally by the kidneys, it probably exerts an antiseptic effect along the urinary passages, and might be useful in irritable bladder, pyelitis, pyuria, gleet, etc. It has been asserted that it may be administered with good results in diabetes, where it reduces both the proportion of the sugar and the quantity of water. As yet, I am not able to confirm this from my own observation, nor have I had an opportunity of using it in acute rheumatism, over which it is said to exercise remarkable influence, reducing fever and pain, and shortening the course of the disease. In pneumonia it should also be very

useful in relieving the irritable cough and reducing the fever temperature. Upon some patients in Dr. Da-Costa's wards at the Pennsylvania Hospital, suffering with typhoid fever, it was found to act well in quieting restlessness and producing sleep, although it did not have so much effect upon the temperature as phenacetine, yet, on the other hand, it did not produce sweating or other disagreeable consequences, as the latter does. Not among the least of the advantages claimed for this salt as a substitute for antipyrine is that it is much cheaper—in fact, about half the price of that much used and much abused drug.

218 SOUTH SIXTEENTH STREET, PHILADELPHIA.

TUBERCULOSIS—ITS CAUSE AND PREVENTION.

By E. W. BING, M.D.,
CHESTER, PA.

THE subject of this paper, Tuberculosis, is a disease which has from time immemorial caused an almost incalculable amount of mortality, carrying off from one-tenth to one-sixth of the human race annually, and has consequently presented an inexhaustible field for research, by the greatest minds of the profession, for ages; and which at the present time, both in the profession and amongst the laity, is attracting more attention and study, and involving greater results than, perhaps, any other disease.

All kinds of ideas have prevailed, from the time of the earliest observer until now, of the nature of the malady, its cause, and its possible cure, and almost every drug of the pharmacopoeias has in turn been tried and vaunted as a specific, only, in a short time, to add another example to the long story of failures, and a repetition of the disappointments of the enthusiasts.

The ancients, recognizing the objective symptoms of the disorder, conferred on it its characteristic appellation of phthisis. In view of the notable loss of flesh which occurs in cases of the disease, no name could possibly be more indicative of its outward manifestations.

A distinction must be sharply drawn between the terms tubercle and tuberculosis. The former implies a local change, characterized by the formation of a new tissue disseminated through the normal structures, and composed of cells of a feeble nature, which are at any time liable to degeneration and decay.

The nodule or tubercle itself is simply a growth, and has no clinical significance beyond its tendency to degenerative change, and consequent implication of surrounding tissues in extending inflammation.

Treves, in his discussion of the question, says: "It must be understood that tubercle in its simplest sense (the nodule) refers to the most typical stage of a certain tissue change, and that to the process which precedes and follows its appearance only can the term *tubercular* be applied."

Again: "Tubercle is the most finished structural change of a certain process; but the mere presence of the nodule does not necessarily imply that grave state of health associated with the word *tuberculosis*."

M. Ferrand also observes that tubercle does not constitute a disease, any more than suppuration does.

So, what was at one time supposed to be the cause of the disease becomes only one of the factors in the clinical history, or rather pathological anatomy, and we must look to some other cause for an explanation.

With regard to its general or constitutional effects, tuberculosis refers to a condition of the tissues, which renders the individual liable to the local manifestations when from any reason his vitality is below the

normal standard; when, in other words, there is a constitutional defect or predisposition.

Looked at in this sense, tuberculosis only represents a condition, resulting from a previously acting cause, and it is this cause which has lately involved so much research by experimental methods. The medical world so long divided on this subject is at last coming to a unity of opinion, induced principally by the labors of the bacteriologist, and now the recognized prime factors in the etiology are considered to be germs, infinitesimal in size, which are constantly floating in our atmosphere, and which, when absorbed into the systems of individuals predisposed to their specific action, fix themselves, germinate, and produce their effects, both generally and locally.

The light thrown on the etiology of other diseases by the gradual development and perfecting of the germ theory renders it probable that this is the correct explanation in this disease also. As far back as 1860 the current of thought was beginning to trend in this direction, and some observers concluded that the cause was a virus from without the body, although as to its nature they were in uncertainty. At the present time there is still some doubt, as it has not been definitely settled whether the bacilli or the medium in which they float is the active agent, as they have not been separated; some maintain that the bacilli are not a necessary ingredient, but simply a concomitant by reason of having found a favorable soil for their development. In support of this assertion the disease lupus may be taken as an example. Inoculation with fluid from its nodules will cause tuberculosis in rabbits and guinea-pigs, but tubercle bacilli can but infrequently be found in the fluid (*Medical Record*.) Koch, himself, in speaking of the immediate results of inoculation with his lymph, says: "This effect is not exclusively produced with living tubercular matter (bacilli), but is also observed with the dead bacilli, the result being the same, whether the bacilli are killed by the application of a sudden or prolonged action of heat, or by chemicals." Pursuing his experiments, he found that a killed pure cultivation of tubercular bacilli, after being diluted with water, might be injected with the result of producing local suppuration only, in healthy animals, but in tubercular subjects it produced its marked constitutional effects. This would tend to the conclusion above reached, that the bacilli are not proved to be essential. The consensus of opinion, however, regards the bacilli as being the direct agents in the reproduction of the disease.

There appears to be no doubt as to the infectious character of the virus when introduced into the system of a predisposed individual, but to infer that all are liable to contract the disease would be to contravene one of the cardinal points of the law of infection, as applied to other maladies of an infectious nature.

The chief medium by which infection is conveyed is considered to be the sputum, which, when pulverized by any means, is pre-eminently fitted to mingle with the atmosphere and exert its deleterious effects to most advantage.

Another means is by the milk from tubercular animals, and from eating their flesh, also probably from diseased excreta from human or lower animals which have become mixed with the water supply, used for drinking and other purposes.

Thus we see that under favorable circumstances the germ has access to the system in almost every conceivable way, by the air, by water, or by food, and only needs its proper soil to increase. This in-

crease in healthy (now predisposed) persons is supposed to be presented by the bacteriophagic action of the white corpuscles, and so long as they are able to meet and destroy the invading germs the disease cannot take root.

The truth of the adage, that "prevention is better than cure," would be well illustrated in this case, if it were possible to consign affected individuals to isolated colonies conducted on strict hygienic principles, and every care taken to destroy all the tangible means of infection, much in the same way as in leper sanitariums. If this were practicable, no doubt there would at least be a great lessening of the number of cases, and, in time, the disease might be annihilated. But, the widespread distribution of the disease effectually precludes such a scheme, leaving out of consideration the social side of the question. The only method left us, then, is by the dissemination, as widely as possible, of the knowledge of the various means of prevention, as far as known, and so impressing on the people the gravity of the matter, that both sick and well will co-operate to the fullest extent in precautionary hygienic measures.

The sanitary authorities should have plenary powers to enforce the inspection of all factories and buildings in which many persons are congregated, with a view of weeding out cases of the disease. Also, the inspection should extend to cattle and meat intended for food. Dairy herds should be constantly watched, and any cases of disease promptly quarantined, and, if necessary, destroyed; and farm buildings, drainage and water supply, and the sources of distribution of food products in cities should, of course, be included in the inspection.

By these means the avenues of approach of the disorder would be curtailed.

The means of cure of tuberculosis is still shrouded in darkness, although gleams of light and hope are from time to time breaking upon us, and encouraging us that we are approaching the desired goal.

Whether the method of inoculating with the attenuated virus of Koch will prove to be the "Elixir of Life" to those afflicted with tuberculosis remains to be seen.

• Society Notes.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

Stated Meeting held March 12, 1891.

THE 722d regular meeting of the society was called to order by the president, Dr. David Streett.

DR. JOHN W. CHAMBERS made some remarks on

APPENDICITIS.

He said appendicitis or typhlitis is a term usually applied to an inflammation in the right iliac region. The appendix vermiformis is ordinarily spoken of as being behind the peritoneum, whereas it is a perfectly free body within the peritoneum and is exceptionally movable. The descriptions as usually given in the text-books are misleading. It is described as lying on the internal iliac muscle, whereas it more frequently lies on the psoas muscle. In some cases it lies behind the cæcum. It may or may not have a reflection of the peritoneum, usually it has. It is found on the left side in about 2 per cent. of cases. It was found by Trièves associated with the liver.

An inguinal hernia may contain the appendix, as shown by the specimen. (Here Dr. C. exhibited a specimen of an appendix that had been removed from an inguinal hernia.)

Its length is from three to seven inches, and it usually is found to contain fecal matter. The diagnosis is not easy. We are now in about the position of some of the older doctors, who say that a diagnosis below the diaphragm is simply the weighing of probabilities; the abdominal organs are so movable it is difficult to make a diagnosis. In the lungs, which are fixed, it is easy. The only definite method of diagnosing cases in the abdominal region is to open the abdomen, and then the post mortem will sometimes clear it up. What is usually termed an appendicitis is a localized peritonitis. It begins in most cases as a catarrhal inflammation, usually due to the presence of a foreign body, seeds is supposed to be a frequent cause, but if you examine these "seeds" carefully, you will find many of them are local concretions.

Ulceration follows, during which process adhesions take place, pus forms and an abscess, within the peritoneum, is the usual result. A simple catarrhal inflammation can hardly explain the constitutional symptoms. In the cases where there are such marked constitutional symptoms, he thought that an abscess had already formed, it may burst into the bowel and get well, or it may burst into the peritoneum and set up a local or general peritonitis.

There is a rare variety, acute gangrenous, or perforating, appendicitis, where almost the first symptom is a sudden collapse. This form is a surgical disease and should be treated with the knife promptly. Just when the abdomen should be opened is a question that should be decided on the merits of each individual case; what may be proper to do on the third day in one case would be dangerous in another. There is some doubt but that the doctor with rest and opium does not cure as many cases as the surgeon with his knife.

If an abscess can be recognized through the abdominal walls it should be opened and drained. This would not be a laparotomy, but is the same as opening an abscess in any other part of the body, as the gluteal region for instance. These cases should not be classed as laparotomies, as by the inflammatory adhesions the abscess is cut off from the peritoneal cavity.

Why it should suddenly perforate in one case and slowly in another, is due to the position of the foreign body. If the foreign body gets in such a position as to cut off the circulation of the lower part of the appendix it will cause gangrene or perforating appendicitis, as illustrated by the following cases: Last September was called, at 11 P. M., to see a robust, healthy boy, suffering from what was supposed to be cramp colic, with several liquid stools. He had eaten a hearty supper, which made this a probable diagnosis. Some bismuth was given him. The next day his diarrhoea had stopped, but not the pain; he had a pulse of 120 and wiry. In twelve hours from the time he was taken he was much shocked; a few hours later he was seen by two prominent practitioners in consultation, and he was then intensely shocked, with a sub-normal temperature of 96° F. in the rectum. It was decided to open the abdomen, and an incision was made in the right median line; from habit, he (Dr. C.) looked in the typhlitic region and saw a little pus and a black, sloughy mass, which proved to be the gangrenous appendix. It was ligated and removed. He died in three hours.

Case two was brought to the City Hospital about two years ago in a state of collapse. He was a carpenter and had shown no signs of illness up to the time of shock. His abdomen rapidly distended and he died in a few hours.

The post-mortem showed acute suppurative appendicitis, due to an orange seed.

Case three, shows where the nutrition of the organ not being so absolutely interfered with, the progress of the case is slower and recovery is more apt to follow. A woman, who was seen with Dr. Martenet, who will relate the case. She is now getting better. Now we know that while she may recover, she is liable to recurrent attacks, unless a radical operation is done, as recommended by Senn and others who advocate cutting down and removing the offending organ.

DR. J. F. MARTENET said he was called on March 4, about 10 A. M., to see a lady who was said to have fainted; she had recovered from the faint when he arrived, and she was then suffering with acute pain and general soreness over the abdomen and in the right iliac region particularly. Morphine was given, and at 2 P. M. she was more comfortable; at 6 she was worse, and as it was about time for her menstrual period, he thought it a case of painful menstruation; more morphine was given. When she was seen the next morning, she was menstruating, and he thought her trouble at an end. She was kept on the morphine, and on the 6th she became nauseated from it, she was then given suppositories. There was tumefaction over the right iliac region, and general soreness over the whole abdomen. She was kept under the anodyne effects of the opium, and on the 10th she had a movement of the bowels. The next day saw several operations, they were dark and thin, but contained neither pus nor blood. To day (12th), she passed pus. She is improving, and after the first movement of the bowels she became more comfortable, and is now doing well. In another case of a four-year old girl, who had severe pain in the abdomen, the nurse said the right groin was hard, while the rest of the abdomen was soft. Hot poultices were applied to the part, and on the fourth day the case assumed so serious an aspect that he told the family he would probably have to call in a surgeon, but happily the child got better. He mentioned this case because of the youth of the patient.

DR. GEORGE H. ROHÉ said Dr. Chambers very properly disagrees with some authorities in that a simple catarrh should cause such profound symptoms. There may be a case of acute suppurative appendicitis and no pus be discharged by the bowels, and yet the patient may not present any symptoms whatever, as illustrated in a post-mortem he made ten years ago, on a woman who died of pneumonia, after being operated on for vesico-vaginal fistula. There was about half a pint of pus encapsulated between the colon and liver. She had no fever and had no symptoms whatever. He believed that death from small collections of pus, in this way, is rare.

DR. DAVID STREETT said he had seen a post-mortem where there was a collection of pus encapsulated between the colon and liver, and when the pus was removed, there was a decided depression in the liver due to the pressure of the pus. He is not yet convinced that where there is tumefaction and pain in the right iliac region that these are cases of appendicitis. In all the cases where he has seen this tumefaction, they recovered, and in the cases where there was no doubt of the appendicitis they were all fatal, perforation took place and they died suddenly. He saw a girl

some time ago, who was taken suddenly with acute pain over the whole abdomen, she gave a history of having eaten an orange the day before. She became suddenly and alarmingly ill, and died in a few days. In another case of a girl of thirteen years, who had eaten some dates and had swallowed a seed, she was taken suddenly with pain over the whole abdomen, and died in three or four days. Unfortunately, there were no post-mortems in these cases. So that the seeds which were swallowed, not being demonstrated, can only be considered as a probable cause of the appendicitis. Though from the history of the cases there is little doubt of this. He was not yet prepared to turn over all of the cases to the surgeon, except where perforation takes place, then it becomes a surgical case.

DR. H. T. RENNOLDS said he saw a case of a boy of fourteen years, who had pain and swelling and tumefaction in the right iliac region, he diagnosed typhlitis, and this diagnosis was confirmed by Dr. Arnold. In six or seven days from the beginning of the attack, the boy had a large stool, which gave him immediate and entire relief. A man about twenty-five years old, in the course of two years, had five or six attacks of appendicitis, one or two of which were quite severe. He took a trip abroad, and when in London he was taken with vomiting, and had another attack, which proved fatal in a day or two. At the post-mortem, the caecum was found to be ruptured and ulcerated.

DR. CHAMBERS said he was more convinced the more he heard, that those cases with abdominal tenderness and tumefaction do best without surgical interference, the knife should only be used in those cases where there is perforation. In answer to inquiry he said he thought that examination by the rectum did not give much information, unless there was marked induration, or where the tense abdominal walls over the region may be mistaken for a tumor, the rectal examination may be of service.

DR. DAVID STREETT related a case of

PREMATURE BIRTH OF TWINS, ONE DEAD, THE OTHER LIVING.

He was called on March 6, to see a lady for pains in the abdomen, supposed to be due to cold or something she had eaten. He found her pregnant at about six to six and one-half months. On examination she was found to be in labor and the os dilated, and a child was born in about three-quarters of an hour, it was still-born and from its macerated condition it was supposed to be dead about a week. The second child was born alive, it was small, weighing about three pounds; it died on the seventh day. The woman had menstruated last on the 7th of August, and was confined on the 6th of March, one day less than seven months, yet he was of the opinion that the gestation could not have been longer than six and one-half months. There was but one placenta and both cords were attached to it about six inches apart.

J. WM. FUNCK, M.D.,
Rec. Sec'y.

1710 W. Fayette Street.

THE builders of Johns Hopkins Hospital managed to spend over two million dollars in the construction of a hospital to accommodate 120 patients. How good Johns Hopkins would feel could he but rise from his grave and gaze on the baths of Parian marble, onyx ceilings, gilded walls and cuspadores of solid gold. Boss Tweed would cease to brag about the chairs that cost \$160,000 apiece. By the terms of the will the hospital was to accommodate 400 patients.

NEW YORK ACADEMY OF MEDICINE.

SECTION ON ORTHOPÆDIC SURGERY.

Stated Meeting, February 20, 1891.

SAMUEL KETCH, M.D., Chairman.

DR. ROYAL WHITMAN exhibited a case of unusually severe genu-valgum, and one of teno-synovitis of the long extensors of the toes. As in the latter case, there was a tuberculous osteitis of the elbow. He considered that the lesion of the foot had a similar origin.

DR. V. P. GIBNEY said that in a somewhat similar case, where the tuberculous nature of the lesion was proved by microscopical examination, he had moved the tendons freely, divided the annular ligament, and scraped away the diseased tissue.

DR. JOHN RIDLON exhibited a man, twenty-one years of age, who, as a result of an injury thirteen years before, was unable to supinate the wrist without causing a backward dislocation of the ulna. The apparatus which he had applied consisted of a leather case, with a metal side, which had been fitted so as to accurately grasp the ulna, by molding it over a plaster cast. He expected that after the patient had worn this apparatus constantly for two or three years the dislocation would be cured.

EXCISION OF THE KNEE-JOINT.

DR. A. M. PHELPS read a paper upon this subject.

DR. A. B. JUDSON recognized the conservatism of the treatment advocated by Dr. Phelps, whose paper clearly demonstrated the superiority of excision over amputation; but he thought the time had come for the better conservatism that is found in purely orthopædic treatment. Many of the patients would have made good recoveries if excision had given place to mechanical treatment, which puts an operation out of the question when employed from the beginning of the affection.

DR. THOMAS H. MANLEY raised the question as to whether a more useful limb would not often result from placing it in a more or less flexed position.

DR. W. R. TOWNSEND said that the worst results he had seen from excision of the knee had been in cases where the straight position of the limb had not been maintained. Such a faulty position was constantly aggravated by the weight of the body.

DR. RIDLON said that in spite of the excellent results reported in the paper, he was still of the opinion that this operation upon growing children was wholly unjustifiable, and he was convinced that cases which cannot be cured mechanically, viz.: those in which there is an extensive osteo-myelitis, were beyond the reach of anything short of amputation. The exceptionally good results obtained by the author, and a few other surgeons, did not argue against the soundness of the general teaching—that this operation should not be advised for such children.

The President remarked that, as a rule, orthopædic surgeons were confronted with knee-joint disease in growing children; and the cases mentioned in the paper must have been instances of neglect or of improper treatment.

DR. PHELPS, in closing the discussion on his paper, said that it might be that the cases had not been properly treated; but some of them had been under the care of good orthopædic surgeons, and he had himself treated some of them; but he must admit that he could not cure many of those cases by mechanical means. He had not yet had an oppor-

tunity of dissecting the parts and actually seeing the organized blood-clot; but when a thin shell of bone, after an operation, becomes strong enough to sustain the weight of one hundred and eighty pounds, or more, he thought it reasonable to believe that this great increase in strength was due to something more than mere blood-clot. It was true that the majority of cases mentioned in his paper were adults, but many of the operations were performed upon children under twelve years of age, and some of his best results had been between the ages of ten and fourteen years. He urged the adoption of this operation in children, not under ten years of age, who were suffering from extensive bone disease, and he believed that the results so obtained were both quicker and better, and often saved the patients from amputation. A perusal of German literature would show that his results were not exceptional, and were similar to those obtained by a number of foreign operators.

LAMINECTOMY FOR POTT'S DISEASE.

DR. SAMUEL LLOYD read a paper on this subject. In introducing it he said that he took exception to the terms in common use in speaking of the removal of the posterior arches of the vertebrae, and especially to laminectomy, which was a hybrid term, made up of a Latin and a Greek word. He proposed to coin a new word, made from the Greek word meaning a "lamina," or plate, and another Greek word meaning to remove or cut away. He had collected the histories of thirty-nine cases of operation for Pott's disease.

In cases where abscesses were present, he said it was a comparatively safe procedure to explore the bodies of the vertebrae on their anterior surface, because the approach to the diseased foci was rendered easy by the abscess track, which had already pushed the intervening structures out of the way; and in these cases he advocated exploring the cavity, with a view to locating the bony disease, and eradicating it, if possible. The cases he had tabulated showed that the mortality in cases of laminectomy, as in ordinary cases of Pott's disease, was greater in adults than in children—57 per cent. in the former, and 10 per cent. in the latter. In only twenty-seven cases was the region involved in the disease stated, and of these, twenty-three were dorsal, which, while not affording sufficient data for an authoritative statement of the effect of the region upon the mortality, still bore out the statement made in a former paper on Laminectomy for Traumatism of the Spine, that the higher the lesion the greater the mortality. The time of the operation after the onset of the disease varied from four months to seven years. These statistics did not show that any time was better than another for operation, and it was impossible to definitely settle upon any time when, as a rule, operation should be undertaken. No surgeon would interfere in any case in which there were other tubercular affections of any extent complicating the cord lesion. Macewen's statement that marked hectic was a contra-indication to operation he considered fallacious. The operation should not be undertaken when there was any chance of recovery; but cases where the chances of recovery without operation were very slight, where continued mechanical treatment yielded little or no result, and where, at any moment, an extension of the lesion might render the patient hopeless, if it did not destroy his life, had better be operated upon. In cases which showed only progression of the disease, in spite of all care, and where an arrested degeneration was set up again, threatening the integrity of the cord, operation should

be undertaken early. In performing the operation, he preferred to make a single incision, cutting the spine away from the arch and leaving them attached to one of the flaps, because this method occupied less time, caused less hemorrhage, and did not interfere with the interspinous ligaments.

FIBRO SARCOMA OF THE FOOT.

DR. GIBNEY presented a foot which had been removed a few days before from a lady, twenty-eight years of age, who, as a result of bruising the foot against a twig, had suffered pain in the sole for seven years. She had been treated by various appliances, and once by incision, but with negative result. When she came under the speaker's care, eighteen months ago, there was aggravated flat foot and a fullness in the sole, which was thought to be due to the cicatricial tissue following the exploratory incision. Apparatus gave only temporary relief, and, after consultation with Dr. W. T. Bull, an incision was made along the inner side of the foot, and considerable gelatinous material and some broken-down bone from the vicinity of the cuboid were evacuated. Three well-known pathologists in this city examined this tissue, and pronounced it a case of fibro-sarcoma. Subsequently, some more of the tissue was sent to one of these gentlemen, who, from the microscopical appearances of the granulation tissue, pronounced it tuberculosis. On laying the foot open, the bone was found to be fairly healthy. The case was of interest on account of its long duration and the pathological findings.

Dr. Gibney also referred to a case of long-standing hip-joint disease, occurring in a girl, twelve years of age, who, as a result of the profuse suppuration, developed amyloid disease of the liver, spleen, and kidneys. As the pathologist, Dr. Tuttle, had found in the cheesy matter removed from a small excavation in one of the acetabula almost a pure culture of tubercle bacilli, he thought it might be interesting to the members to examine the specimen under the microscope.

A CASE OF LATERAL CURVATURE.

DR. A. B. JUDSON presented a patient, a girl of eleven years, in whom there was marked lateral curvature of the spine, although the line of the spinous processes was straight. The curvature in this case was confined to the bodies of the vertebræ which were displaced toward the left with the usual signs of rotation of the anterior portion of the vertebral column toward the left. The left scapula was raised, and its posterior border projected sharply backward, an obliquity best seen when the shoulders were observed from above. Stooping developed prominence of the ribs on the left side. Palpation showed the diameter of the chest from the right mammary line to the angles of the left ribs, larger than the corresponding dimension of the other side. The case illustrated the important clinical fact that the gravity of lateral curvature is not to be measured by the curve seen in the spinous processes, but rather by recognizing the amount of rotation. The patient had been under observation two weeks, and the deformity was first noticed by the mother last summer.

DR. H. L. TAYLOR said that after the child had become tired by standing in one position, there seemed to be a slight deviation of the spinous processes, and lateral flexion in the dorsal region seemed a little more restricted towards the left.

DR. JUDSON replied that it was common for the deformity to vary with rest and fatigue.

TRAUMATIC SEPARATION OF THE RIGHT PARIETAL AND OCCIPITAL BONES.

DR. T. HALSTED MYERS presented a boy, five months old, who had presented nothing abnormal until two months before, when he had fallen on his head. The injury was quickly followed by great swelling, which gradually diminished. There was no paralysis, and no mental change. Examination showed a cleft in the region of the right half of the lambdoid suture, one inch wide, and four inches long, through which a fluctuating mass protruded, probably the membranes distended with cerebro-spinal fluid. It became tense as the child cried, transmitted the cerebral impulse, and on pressure disappeared almost entirely, with correspondingly increased prominence of the anterior fontanelle. The posterior border of the parietal bone seemed also to have suffered a green-stick fracture one-third of an inch from the edge of the fissure.

ADJUSTED LOCOMOTION IN THE TREATMENT OF THE RECOVERING STAGE OF HIP-JOINT DISEASE.

DR. HENRY LING TAYLOR presented a paper on this subject. He said that the tendency of inflammations of the hip joint was towards recovery, if favorable conditions were provided. In the stage of acute and progressive inflammation the treatment by position and counter-extension in the line of deformity, counteract muscular spasm, and protect the joint, and when combined for a short time with recumbency, usually afforded prompt relief to the urgent symptoms, and if persisted in, and modified to meet the varying requirements of the case, ushered in the stage of repair and recovery.

The case of a boy, six-and-a-half years old, who had suffered from hip disease for a year and a half, and had worn a short splint for nine months, was cited to illustrate the prompt relief from properly applied extension, which caused cessation from night cries at once, and within a week, improved the appetite, appearance, weight, and deformity, although he had been rapidly losing ground for several months.

The later stages of these cases in their progress towards recovery, present just as definite though different indications for treatment. As pointed out by Dr. C. Fayette Taylor some twenty years ago, the patient is ready for the motions of walking before he is able to bear weight on the joint. It is not usually for the patient's interest to allow him to walk as soon as active symptoms have disappeared, nor to keep his leg suspended passively, or in a stiff splint for too long a period. His recently diseased and disused joint and its appendages should be trained and developed, and the reparative process stimulated by the systematic and orderly employment of these elements of locomotion that may be made beneficial, while harmful elements are eliminated. In most cases this can be conveniently done by the use of the jointed supporting splint, or Dow's, which takes the weight of the body upon a perineal strap, but allows the patient free motion at the hip, knee, and ankle. In these recovering cases which present a strong tendency to adduction of the thigh, this may be combated by the elimination of adduction in locomotion, and in all positions, by the use of the perineal crutch bearing in the opposite groin, as described to the section two years ago. The point is to let the patient have the benefit of the local and general tonic effect of walking, without its harmful pressure and strain at a comparatively early period in the treatment, and to adapt locomotion at all times to the needs of each

particular patient. We possess the mechanical means of doing this satisfactorily. Patients are so comfortable, and as a rule, progress so satisfactorily under this treatment, that there need be little temptation to discharge them before a cure is accomplished, even if the supporting apparatus is worn for years. Some of the most satisfactory ultimate results have been after the longest periods of treatment.

The plan above outlined has secured greater comfort and freedom of the patient during a large part of the treatment, and he was convinced a larger proportion of good recoveries, as evidenced by better position, more motion, more perfect repair, and greater usefulness than is usually observed after the other methods of treatment.

DR. JUDSON thought that the apparatus should be removed gradually, the patient being closely observed after each step of relaxation of treatment. Protection from the weight of the body should be the last thing remitted, and the paper had admirably accented the value of the perineal crutch of the Dow's splint in thus protecting the affected and convalescent joint.

DR. W. R. TOWNSEND thought that orthopedic surgeons were pretty well agreed as to the necessity for a gradual discontinuance of mechanical appliances, but just when this removal of apparatus should be begun was a most perplexing question. Where the acute symptoms returned, even after a considerable interval, it was an indication that the apparatus had been removed prematurely, and not that the case had relapsed. Dow's splint, although an excellent instrument, was too expensive for dispensary practice, and accordingly it was the custom in the out-patient department of the hospital for the ruptured and crippled, to convert the ordinary long extension splint into a "caliper splint" by removing the adhesive plasters, and fastening the splint to the shoe, so that it may be used as an outside crutch. Flexion at the knee is next allowed, and this, by developing the quadriceps muscle, results in rapid and marked improvement. After an interval of from three to six months the apparatus is removed, and the patient allowed to go about with a cane for several weeks.

DR. A. M. PHELPS said that the first step in the management of these cases was the treatment of the deformity, and if this were overcome at the outset relapses were very infrequent. He was of the opinion that patients who were allowed to walk upon the old-fashioned hip splint, experienced an increase in the deformity, and therefore he advocated the use of a very high shoe, with crutches, associated with absolute immobilization of the hip joint. Fixation was not secured by the long traction splint, or any other splint which did not pass up beyond the hip joint. The first essential for successful treatment of an inflamed hip joint was rest. Contrary to the teaching of some, among others, Dr. L. A. Sayre, motion did not prevent ankylosis; in fact, it sometimes caused it. Regarding the removal of apparatus, his rule was to re-apply the apparatus if the motion became more limited, but to discontinue its use if motion increased.

DR. ROYAL WHITMAN remarked that the disadvantage of treatment with crutches was, that they were abandoned without the advice of the attending surgeon, and on this account he thought that the ordinary traction splint was the best compromise that could be made, especially for dispensary practice.

THE CHAIRMAN said that in the matter of the removal of apparatus, each case must be a law unto itself. The Dow's instrument had proved very successful in his hands, but some years ago he had

been in the habit of employing the old traction splint, by stitching the buckles to the shoe. The disadvantage of this arrangement was that sometimes it produced traumatism. More recently he had made use of a modified Dow's, with perineal band, perineal straps, and snap-joint at the knee, and so adjusted within the shoe that a certain amount of traction could be secured without the use of adhesive plaster.

DR. TAYLOR, in closing the discussion, said that he did not claim that the long traction splint gave perfect fixation of the joint, but as he believed that counter-traction was practically more important than positive fixation, he favored the former method in the acute stage. He agreed with Dr. Phelps on the necessity for overcoming deformity at the beginning of treatment, and this could usually be done by physiological methods. When to discontinue all treatment was a matter for individual judgment; if motion increased after the patient's discharge it was a good indication that the step had not been taken too early. The treatment outlined by Dr. Townsend was excellent, and apparently the working out of an idea, similar to that set forth in the paper. The point to be emphasized was that it was not necessary to deprive the patient entirely of locomotion until he was completely cured, but that by selecting those elements of locomotion suitable for him he might enjoy the tonic effects of walking, with due protection to the joint, during the greater part of the treatment, and this protected walking should be continued a long time if necessary.

In answer to a question as to when he would ordinarily apply the Dow's instrument in very young children, Dr. Taylor said that he thought the average time was about six months of treatment with the traction splint.

A NEW AUTOMATIC TRACTION HIP SPLINT.

DR. T. HALSTED MYERS presented such an instrument.

It consisted of the ordinary long traction hip splint, made with a short sheath and long extension-bar, with the addition of a second sliding foot-piece, to which the leg plasters are attached, and of an adjustable spring to exert the traction.

The second foot-piece slides on the extension-bar only. Around and above this is a spring, about eight inches long, whose pushing power is regulated at will by a movable circular band, which can be fastened to any part of the extension-bar above the spring by means of a screw.

To adjust the splint, the band above the spring is moved towards the foot-pieces (which at first lie close together, one on the other), till the spring is contracted to the desired extent, and then fastened there. There is now a downward pressure on the sliding foot piece, of the desired amount. The splint is next applied to the patient, the upper foot-piece buckled to the plasters, so as to touch the sole of the shoe. The extension-bar is now keyed out, carrying the lower foot-piece away from the upper one three-quarters of an inch. This also carries the band above the spring down, and increases the power of the spring somewhat—just how much, depending upon its length, the distance between its coils, and the weight of the wire.

When the weight of the body is carried by the splint, any tendency for the straps to bag is overcome by the downward traction exerted by the uncoiling spring, and thus a more equable traction is exerted than has heretofore been possible.

The Chairman referred to a somewhat similar spring apparatus which had been devised by Dr. N. M. Shaffer. At the first meeting of the American Orthopedic Association, the speaker had exhibited a very simple arrangement which he had devised. It consisted in using a strong piece of band rubber, buckled into the traction straps, instead of the usual leather straps. He had found its action satisfactory.

Dr. JUDSON said that the relaxation of the straps at the foot of the hip-splint had been frequently discussed. He thought it was best obviated by providing an apparatus as nearly inflexible as possible. Also, if the pelvic band is worn at a high level the strap, being long and deeply curved, allows the patient's body to descend, when he stands, further than it would if the pelvic band was at a low level, and the strap crossed it in a direction more nearly horizontal.

But it is questionable whether the relaxation of the straps is of serious moment, because, when the patient stands, the traction made by the weight of the leg takes the place of the traction previously made by the adhesive plasters, when the patient was recumbent, and is practically much greater and more equable and comfortable.

The joint may be "pumped" when the patient walks without any apparatus, because it is subjected to, and relieved from, the weight of the body above and the weight of the limb below at every step. Or, pumping may occur when the patient, wearing the splint, repeatedly lies down and stands up, because then there is an alternation between the great weight of the limb, which produces traction when the patient stands, and the force of mechanical traction, which is comparatively small, and takes effect when the patient is recumbent. The only pumping which the joint gets when the patient walks with the hip splint is that which comes from the recurrence and removal of the weight of the splint attached to the limb by adhesive plasters. This interference with the repose of the joint should be conveniently prevented by suspending the splint from the opposite shoulder by properly adjusted webbing.

Dr. TOWNSEND said that the "pumping" action to which the previous speaker had alluded was one of the great objections urged against the long traction splint. He was much pleased with the new splint which Dr. Myers had presented, but he thought there would be much less heard of this sagging of the straps if attention were paid to the adjustment of the splint in the erect, as well as in the recumbent, position.

Dr. TAYLOR agreed with Dr. Judson as to the part played by the splint and band in causing this sagging, and, therefore, if the band were discarded, and in its place some substitute like the one which had just been exhibited by him in connection with the Dow's instrument, part of this trouble would be obviated. The traction produced by the weight of the leg is usually sufficient, and, hence, the traction splint becomes a crutch during locomotion, and an extension splint when the patient is sitting or lying. One of the chief advantages of this splint is that it protects the joint in all positions.

A TIMELY suggestion has been offered by a German physician that the date of original preservation be stamped upon each and every can or package containing meat foods. It is held that preserved meats, hermetically sealed, may remain wholesome for a year or so, but that there is danger in the use of such foods after this period.

The Polyclinic.

MEDICO-CHIRURGICAL COLLEGE.

FOR DYSENTERY.

THE case was attended with great pain, fever, tenesmus and feeble circulation; nausea and accompanying vesical tenesmus. He was ordered to remain in bed; to have no food or drink except raw, scraped beef, the white of egg dissolved in ice-water and bovine, to be given in prescribed doses at regular intervals. Every four hours he was given an enema of 8 ounces hot flax-seed tea, with a teaspoonful of Goulard's extract. Internally he took one drop of ipecacuanha wine every ten minutes. The next day he was anxiously inquiring for his dinner.

—*Waugh.*

FOR INFLUENZAL VERTIGO.

R.—Tinct. belladonnæ..... ℥ij.
Tinct. cinchonæ comp..... 3j.
M.—S. To be taken every two hours.

(The pupils were contracted.)—*Waugh.*

FOR CARDIAC DEPRESSION.

R.—Camphoræ pulv..... gr. xl.
Caffeinæ..... gr. xx.
Oleoresin. capsici..... gr. iv.
M. et in pil. No. xx div.
S. One to be taken as needed.

—*Waugh.*

FOR PULMONARY HYPEREMIA.

R.—Pilocarpinæ hydrochlorat..... gr. j.
Camphoræ pulv..... gr. x.
M. et in granul. No. x div.
S. One every hour until free perspiration occurs.

Apply a small blister over the seat of pain (the right second intercostal space, at the edge of the sternum), and envelop the chest in flax-seed poultices.

—*Waugh.*

The influenza undoubtedly prevails in Philadelphia, though as yet its manifestations are wanting in several important particulars. Among the cases that have seemed to be due to this epidemic influence were several of acute and very painful lumbago, without apparent cause, coming on suddenly and giving way but slowly to treatment. Violent headaches also occurring suddenly and causelessly, have brought to mind the scenes of the last epidemic. Cardiac depression has been so generally present that acetanilide has been laid aside for ammonia and camphor. Phenacetine has proved most effectual as an analgesic, given in doses of five grains every two to six hours. There is as yet no elevation of the mortality rate.—*Waugh.*

DIPHTHERITIC PARALYSIS is due to a neuritis occasioned by the circulation of the toxalbumen of Brieger and Fränkel in the blood. This body is a direct product of the Klebs-Löffler bacillus. Quite as many die with low temperature as with hyperpyrexia. Frequent examinations of the heart give better prognostic data. Weakened cardiac power is shown by an irregular, small and rapid pulse; while a progressive slowing of the pulse, and a loss of the relation between pulse and fever, are suspicious signs.

Burnett, *Kansas City Med. Record.*

The Times and Register

A Weekly Journal of Medicine and Surgery.

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AND NOW, WHAT?

THIS is the question that presents itself at present to the newly-fledged doctor in medicine. He is very numerous this year; he is also of much better quality than heretofore; and he is now looking anxiously for a field in which to utilize his talents for the benefit of mankind—himself included. It is doubtful if, in this great land, there exists a single corner that is not fully supplied with all the doctors it is able and willing to support; and the first lesson the new-comer must learn is that he must meet with competition. He must now enter into that cruel, remorseless struggle for existence wherein one must prove his manhood; must demonstrate his ownership of mental strength, of tact, of policy, of wisdom in planning and persistency in adhering to the plan, as well as of the needful skill in things medical, surgical, obstetrical, *et cetera*.

Nevertheless, things are not so unfavorable as they appear at first sight to the new comer. The armor of his predecessors is rarely so complete as to leave no vulnerable point. The discipline of the modern medical course is far and away ahead of that in vogue but ten years ago; and the graduate of 1891 has many golden nuggets of fact that need only the mint stamp of experience.

Among those who occupy the ground are to be found the drunkard, the loafer, and the libertine; the sour man, embittered by real or fancied wrong; the chronic failure; the man who has found other interests that have subtracted a part of his time from practice. This is the worst mistake a physician can make. The medical profession is a jealous mistress, who demands all one's time and all one's thoughts; and whatever detracts from this singleness of purpose lessens the chance of success. Besides this, among the higher class of practitioners, one will find that many have realized their full share of success, or, at least, experience that relaxation of energy that comes with years; and these also give the younger man his opportunity.

Ethical questions will perplex the beginner, especially as he sees the greatest sticklers for the "code" ready to do things that no code could approve, although not specifically forbidden by that of the A. M. A. The code to be followed is that dictated by one's own conscience; the rule of life is to act as befits an honorable, Christian gentleman, and beyond this there is no essential. In minor matters one should be governed by the usages of the community. In small towns the doctor is expected to put his professional card in the newspapers; in the city this would ostracize him. A modest sign befits the Philadelphia physician; in Paris no sign is permitted. In the cities, where success is best worth having, it is most difficult to obtain. The hospitals, clinics, and dispensaries struggle to divide the patronage with the retail druggist; and the doctor's share is the little that is left. Undoubtedly the best mode of competing with these is by dispensing one's own medicines; and this, thanks to the tablet triturates and coated pills, is now an easy matter. The Provident Dispensary has not yet obtained a footing here; but it is only a question of time, as it offers the best means by which the beginner can hold his own against his powerful competitors. It was bitterly opposed in London, but has won a place there, the nature of which may be understood by the following extract from *The Lancet's* editorial columns:

The subject of Provident Dispensaries is coming powerfully to the front in connection with the acute criticism which is being brought to bear on the out-patient department of hospitals. The result of all investigations of a searching character into the out-patient department is to show that it is greatly abused by persons who are not ill enough or poor enough to need the paraphernalia and the gratuitous aid of a great charity. These persons will have to be excluded if medical charities are to continue to receive the support of the benevolent. And if they are to be excluded, means must be provided for their treatment on independent, though at the same time practical, terms elsewhere. This is the problem before the public, and especially before the profession. Those who crowd the out-patient department cannot do without medical aid. It is perhaps natural that they should go to the out-patient department, where they expect to get for nothing the advice of consulting surgeons and physicians. But this is a use of medical charities that was never contemplated, which has become demoralizing to the people, and highly injurious to the profession. The problem is to devise an alternative that shall preserve the independence of the people and have some regard to the interests of the medical profession. For, after all, it is the private members of the profession in general practice on whom the burden of all onerous sickness of the working classes falls. They have to be on duty night and day, to face infection in the close apartments of the poor, and to be their neighbors and friends in every emergency.

The general remedy suggested for hospital abuse is the Provident Dispensary. Whether in London, Birmingham, Manchester, or elsewhere, these institutions are not only lauded, but they seem to answer—to meet, in a certain degree, the wants of the case of those who are pronounced by general consent to be unfit for hospital relief.

ONE of the latest proposed applications of electricity is a policeman's club that contains a galvanic battery. When the rowdy seizes the club, thinking to wrest it from the policeman, the rowdy receives an electric shock which astonishes and paralyzes him, rendering his capture easy.

Annotations.

CO-EDUCATION OF THE SEXES IN MEDICINE.

ON March 11 the German Reichstag refused the petition of women for admission to the medical schools. The advocates of the measure, however, manifested such strength that it was freely admitted that the minority would be transformed in future into a majority.

"The immediate aspect of the question is as follows: There are no State regulations which in any way hamper the practice of the medical profession by women; but, then, no provision is made by the State to provide for the necessary training of women, or for their examination. The German Universities and Gymnasias are concerns of the individual States, and in the regulations of medical examinations, there is no word of reference to the examination of women; and if the Universities deny admission to women students, or decline to test their proficiency, the national regulation which authorizes them to practice is operative in so far only as that it permits them to practice as uncertificated persons. The misrepresentations to which persons thus practicing expose themselves are eminently designed to deter scientifically educated persons from exposing themselves to them. There are, it is true, solitary instances of women who have been permitted to attend special branches of the University course, and to submit themselves for examination, especially at the University of Leipzig, but these permits being solely matters of privilege and favor, their acquisition is attended with much difficulty, and the Imperial government has, so far, declined to move in the matter.

"In its present aspect the problem narrows itself mainly to the duty of the Empire to facilitate the study, and provide for the examination of women at the German Universities. 'When the Imperial government,' said Deputy Schröder, 'has once sanctioned the practice of the medical profession by women, its duty to provide facilities to enable women to avail themselves of the concession goes without saying.' At any rate, this duty has been recognized in the University of the Reichsland (Strassburg) which, on account of the general good tone prevalent there, and the earnest and seriousness with which the students devote themselves to the course, is an institution incomparably superior to most others for female students.

"The contentions of the speaker that the suitability of women for the medical profession, at least for certain important branches of it, as the treatment of women, and of children in tender years, has now commanded universal recognition; and that the experience of England and America has demonstrated that the co-education of the sexes exerts an ennobling moral influence,—opened a broad vista, which somewhat terrified the more conservative members of the Right, who conjured up visions of women on the judicial bench and in the sacred halls of the Reichstag, and wondered what the world was coming to."

The number of colleges admitting both sexes to their classes is increasing; and the result has not proved as objectionable as was expected by the opponents of this measure.

¹ *Die Nation* quoted in *Literary Digest*.

THE INSPECTION OF MEAT FOR EXPORT.

CONGRESS has passed a bill providing for the inspection of meat and cattle for export. An inspector is to be stationed in each port whence meat is shipped to foreign countries. It is probable that this will cause Europe to raise the embargo she has laid on American meats, as Germany has already done. This will raise the cost of meat at home; and, as no inspection is provided for meat intended for home consumption, it follows that all meat that cannot bear inspection will be retained for our own use. The prospect is not a pleasing one. Why did not Congress take our own interests into account, as well as those of the great cattle and beef barons? Already there has been an advance in the prices of meat, and, as other European countries follow the example of Germany, a further increase may be expected. Municipalities will be forced to provide inspection; but in the country this will be too expensive to be practicable.

In the meantime, Dr. Huidekoper is a candidate for the Philadelphia inspectorship; and it is to be hoped that the Government will appoint him, or some one equally capable, if he can be found.

DR. HOBART A. HARE has been elected Professor of Therapeutics at Jefferson Medical College, to fill the vacancy left by the retirement of Prof. Bartholow. Dr. Hare is a young man for so responsible a position, being still under thirty. He has been an industrious writer, and has given such evidences of ability as fully justified the Trustees in their selection. With the development of a new system of instruction, in carrying out the plan of a graded course, he will have full scope for the display of his talents.

It is due to Prof. Brubaker to state that he made no personal application for the position. Dr. Brubaker was called upon last fall, after the term had commenced, to fill Dr. Bartholow's position. He found a large class, many of whom were discontented with the loss of a favorite teacher, and hence not likely to be well-disposed to his successor. Under these trying circumstances, Dr. Brubaker acquitted himself as no ordinary man could have done, winning the hearty good-will of the students, and discharging his duties to the satisfaction of his colleagues.

HYSTERICAL AORTA is the misnomer applied by Dr. Sarah E. Post (*Med. Record*) to a case presenting the following symptoms: A woman, thirty-five years old; pregnant; vomiting bloody mucus; profound depression; hectic flush; gastric intolerance; an epigastric tumor formed by the aorta visibly pulsating; uterus retroflexed; occasional epistaxis; tongue dry and cracked. Rectal alimentation was instituted, the uterus replaced, and the vomiting controlled; but the stomatitis and pharyngitis continued, the tongue ulcerated, and the patient died of debility. Autopsy showed a blighted ovum in the uterus.

The most obvious explanation of this case is that the "cachexia as pernicious as carcinoma" was due to the absorption of toxic matter from the blighted ovum. Just what connection either hysteria or the aorta had with the case is not manifest.

DR. J. M. BALDY, of Philadelphia, has been elected Professor of Gynecology in the Philadelphia Polyclinic and College for Graduates in Medicine.

Letters to the Editor.

A CASE.

THE following case I want to report for suggestions: Woman aged fifty years. One year ago attacked with la grippe. Recovered in three weeks, leaving catarrh of the bronchi. Some cough, with abundant thick, creamy sputa, has persisted since.

Three months ago the sputa began at intervals to be slightly pink, the color increasing to a deeper red, resembling a bloody pus. This is not constant, but appears one or two days in the week. The cough is no feature in the case, and is not troublesome day or night. Condition of patient good; weight increased; appetite and sleep normal; larynx perfectly healthy. Have used the usual remedies without success, and will be greatly obliged for suggestions.

EMILY MCBRIDE YEARGAIN, M.D.

AGNEWS, CAL.

VESICAL SYMPTOMS INDUCED BY FECAL IMPACTION.

A FEW weeks ago I was called to see a boy four or five years old, complaining of great difficulty in passing urine. He was playing about as usual, and his father stated that he strained a great deal in urinating, at times standing ten or fifteen minutes before the urine would begin to flow. His temperature was normal; tongue clean; no tenderness over the pubic region or in the perineum; the glans penis perfectly normal. I noticed that he flinched when I pressed over the left kidney. I procured a specimen of his urine, which I examined, and found normal.

I concluded, then, that his dysuria was due to a slight catarrhal trouble about the neck of the bladder, and ordered an appropriate remedy. The next day I was called to see him again, and found him in nearly the same condition, only there had been some nausea and vomiting. This time I was informed that his bowels had not acted in a week, according to the boy's statement. His parents could give no information in regard to that on my first visit. A second examination showed the rectum and sigmoid flexure of the colon impacted with hardened fecal matter, which, of course, by pressure had produced the bladder symptoms. Two injections of soap suds, possibly aided by a dose of castor oil, which they had given some twelve hours previously, entirely relieved the impaction. I thought my first examination was thorough, but the sequel showed that it was not. The moral is plain.

N. P. HACKETT.

ELMONT, TEXAS.

EXFOLIATION OF BONES.

YOURS of 14th inst. to hand. The slip enclosed, printed in Greenville, Tenn., April 9, has many inaccuracies, but in the main features, relative to anomalous exfoliation of bones from hand, forearm, scapula and inferior maxillary, is correct. This exfoliation, if the term exfoliation is admissible, is always spontaneous, but is attended with much pain, though not preceded by, accompanied with, or followed by, the least indications of inflammation, induration or suppuration. The wounds made by the exit of bone always heal by first intention. Bones break with a clear, vitreous fracture, have sharp cutting edges, are of almost every imaginable shape. Some sections are transverse, some diagonal and others longitudinal.

Entire transverse sections of ulna and radius, two and one-half inches long, with articulating surfaces complete, have been spontaneously expelled, and yet no deformity has followed. My report of this very novel and exceptional case, as read to the East Tennessee Medical Convention, and by the convention ordered to be given to the medical press, through the medium of its secretary, J. B. F. Dice, M.D., of Morristown, Tenn., has not yet been published, but I suppose will be within a reasonable time. When this shall have occurred I will be pleased to hear from you and others upon a subject much too abstruse and metaphysical in all its features to admit of a ready and easy analysis even by our most astute diagnosticians.

BENJ. F. BELL, M.D.

PARROTTVILLE, TENN.

THE NEW ANTIPYRETICS.

MY experience with the newer synthetical antithermics and analgesics, such as antipyrin, antifibrin, antikamnia, phenacetin, etc., during the last twelve months has been considerable.

After having tested each one of them thoroughly, I am fully satisfied that phenacetin is the safest and best. I have given it in doses amounting to 5 grammes daily, without any bad effect whatever.

Antifibrin is nearly as good in its therapeutic effects, but it is not near so safe. In one case only have I witnessed alarming toxic symptoms resulting from its use.

This was the case of a very nervous young lady who had been sitting up several nights watching by the bedside of her very sick mother. In order to allay her excessive nervousness I gave her 8 grains of antifibrin, carefully prepared. This was 1 o'clock P.M. In one hour thereafter she was as soundly asleep as if she had taken 1 grain of morphine. Indeed, it was with much difficulty that we could arouse her at all.

The main toxic symptoms were as follows: The skin was cold, blue and somewhat moist with perspiration; the hands and arms up to the elbows were of a dark purple color; the finger nails were dark blue; the feet and legs were slightly purplish; the lips and gums were, like the nose and chin, quite blue; the respiration was very irregular, jerky and shallow, varying quickly from 8 to 30 per minute. The heart's action was feeble; regular in rhythm, but irregular with regard to its frequency, beating for some minutes at about 80 per minute, and then, suddenly becoming greatly accelerated in its action, would run up to 120 per minute. The eyes were tightly closed throughout the entire period of time in which the more prominent toxic symptoms prevailed.

The condition of the young lady presented nearly all the more characteristic symptoms of a person suffering from an insufficiency of oxygen; an inability to breathe, either from constriction of the trachea or from want of power to work the respiratory apparatus.

Almost complete asthenia prevailed for about five hours, after which the toxic symptoms gradually passed off, and were entirely gone in ten hours, or in about eleven hours from the time in which she took the dose.

After she had fully recovered from the influence of the drug she was as cheerful and bright as if nothing had happened; indeed, she could not recall anything that had transpired during the last ten hours.

I was with her during the entire time, and feeling satisfied that the toxic symptoms would wear away I administered no antidote, but watched her closely and had her position in bed changed frequently, allowed her all the air possible, and had her face bathed frequently in cold water.

I think this case illustrates fully the toxic effects of antifebrin. I cannot say what the result would have been if a larger dose had been given.

In mania a potu I have seen phenacetin produce promptly the uttermost composure after very large doses of morphine, chloral and the bromides had been tried in vain. In other mental and nervous perturbations, and in insomnia resulting from and dependent upon poor digestion, and upon neurasthenic conditions of the system, phenacetin has yielded, in many cases, better results in my hands than any other sedative.

As an antirheumatic it is equal to, and in many instances surpasses, the salicylates and salicylic acid. As an antithermic, in the hyperpyrexia conditions of typhoid fever, and in other fevers, its effect is all that can be desired. Indeed, the only thing that can be charged against phenacetin is its high price, costing nearly five times as much as antifebrin, and nearly six times as much as acetanilid.

In treating the neuralgic and hyperpyrexia conditions of persons ill of the late epidemic of la grippe, so-called, I used scarcely anything but phenacetin and antifebrin, to the almost complete exclusion of opium or any of its derivatives, and in every case with complete success.

ARTHUR C. DAVIDSON, M.D.

SHARON, GA.

Book Notices.

ELECTRICITY: ITS APPLICATION IN MEDICINE. By WELINGTON ADAMS, M.D. Vol. I. The Physicians' Leisure Library. Detroit: Geo. S. Davis. Paper, pp. 113; price, 25 cents.

The book is misnamed, as it treats of the principles rather than the practice of electricity; currents, forces, battery-cells and meters. The mechanician may be satisfied with knowing when and how to apply his poles to produce a certain result, but the scientifically constructed mind will want to know more than this; the nature of the force he is applying, the laws that govern its action, the why and the wherefore. This is what Adams' book supplies, and does it well, as far as it goes. More we cannot say until the remainder of the work is before us.

TAKING COLD.—By F. W. BOSWORTH, M.D. Physicians' Leisure Library. George S. Davis, Detroit. Price, 25 cents, paper; 50 cents, cloth.

If you wish to floor the recent graduate, interrupt his disquisition on multiple neuritis, and ask him about the pathology and treatment of taking cold. But the old practitioner as well will find Dr. Bosworth's book instructive.

THE JOURNAL OF COMPARATIVE NEUROLOGY.—A quarterly periodical devoted to the comparative study of the nervous system. Edited by C. L. Herrick, Professor of Biology, etc., in the University of Cincinnati.

The contents of the March number are: Contributions to the Comparative Morphology of the Central Nervous System, by C. L. Herrick; I. Illustrations of the Architecture of the Cerebellum, with plates; II. Topography and Histology of the Brain of Certain Reptiles, with plates; Laboratory Technique; Morphology of the Avian Brain, by C. L. Turner, with plates; Editorial; Literary Notices; Bibliography.

The Medical Digest.

BANNERMAN administered arsenic to two companies of Indian troops that had been for three years exposed to constant malaria. Three to ten minims of liquor arsenicalis were given daily to each man. The number of cases admitted for malaria increased during the three months' duration of the experiment, though in the companies not treated by arsenic the increase was still greater. The only deduction warranted is that the arsenic was not given in sufficient quantity, or else it has little or no value.

LINIMENT FOR BRUISES:

R.—Tr. capsicum..... 2 parts.
Tr. myrrh..... 2 parts.
Tr. opium..... 2 parts.
Tr. guaiac..... 1 part.
Sp. camphor..... 8 parts.

M.—This is similar to Perry Davis' Pain Killer. A much more powerful one is:

R.—Tr. aconite.
Tr. opium.
Chloroform..... āā 1 part.

M.—Shake well before using.

Whelpley, K. C. Med. Index.

TELLURATE OF SODIUM IN SWEATING OF PHTHISIS.

—Combemale has used tellurate of sodium, in phthisical and other sweating. It was first recommended by Neusser who gave one-third or two-thirds of a grain in pill once daily. Combemale gave it up to nearly one grain per dose, and tried its effects in eleven cases. His conclusions are:

1. It is a powerful anti-sudorific.
2. A dose of nearly one grain gives the best results.
3. It gives rise to digestive troubles, and especially to a strong garlic odor in the breath.

All the compounds of tellurium cause a very disagreeable odor in the breath, and this must always be a bar to their employment, as it is very persistent and disagreeable.—*Brit. Med. Jour.*

A FORM OF GINGIVITIS COMMON TO DOGS AND MEN IN INDIA.

—This form of gingivitis is characterized by:

- (a) A bright red velvety condition of the gums;
- (b) its almost invariable limitation to the front of the mouth;
- (c) the ulceration that surrounds the bases of the teeth (incisors as a rule), which process in advanced cases continues to extend, destroying the alveolus and exposing the fangs, until the teeth remain but loosely attached or drop out;
- (d) the tendency to hemorrhage on pressure or the slightest injury;
- (e) the occurrence of an exactly similar process in dogs, remarkably limited in them to the incisors and canines, whereby their small front teeth are frequently lost;

(f) the acid re-action of the mouth;

(g) the fetid odor given off.

Pathology.—Microscopic examination of material scraped off from the ulcerated gums show the presence of leptothrix buccalis in large quantities, of innumerable spirilla and micrococci, together with common bacteria, squamous epithelium, and more or less destroyed leucocytes and blood corpuscles. The accompanying illustrations show these various growths.

The red velvety not swollen condition of the diseased gums is easily distinguishable from the swollen sponginess of scurvy, where the gums show a tendency to overlap the teeth. The limitation of the gingivitis to the front of the mouth is a very marked feature.

—Roberts, *Indian Med. Gazette.*

SINCE the discovery by Neisser, in 1878, of the gonococcus, and the establishment of its relationship to this disease, but one opinion can logically be held by those who accept his theory of gonorrhoeal inflammations, and that is, that all secretions containing this micro-organism are capable of transmitting the disease under favorable conditions. In his work under this subject, Ernest Finger emphasizes this point, and states regarding marriage, that it should be absolutely prohibited in all cases where the existence of a chronic urethritis is evidenced by the presence of the "morning drop" in the urine, until the following facts have been established:

1. That after from two to four weeks of daily observation, the secretions from the urethra are found to be *free from pus and made up wholly of epithelial cells.*
2. That no gonococci can be detected by the microscope, even after a purulent discharge has been established by the employment of irritating injections of corrosive sublimate or nitrate of silver.
3. That neither prostatitis nor stricture exists.

—*Med. Age.*

COMPOUND FRACTURES.—In the treatment of compound fractures what a change antiseptic and a septic surgery has wrought. It used to be that compound fracture meant suppuration, septicaemia, amputation and perhaps death. How is it now? Thorough cleansing of the wound with hot dry towels, if it is filled with dirt, then dusting the raw surfaces with iodoform, then a layer of sterilized gauze, then a layer of oakum and a layer of cotton, both freshly sterilized by heat and all fastened by a roller bandage, a fixation splint and a restful position is all that is needed to make the wound heal, the bones unite with little or no more trouble than a simple fracture.

No chemicals need be used. Keep everything dry. Have your gauze as dry as a hot oven can make it just before it is applied over the wound. Have all other dressings treated the same way. If there is much comminution of bone and laceration of the soft tissues, put a drainage tube, sterilized of course, in the most depending part of the wound. Cover the protruding end of it so thoroughly with gauze, oakum and cotton, that while they absorb the fluid from the tube they will effectually plug it so that the germ laden air cannot find access to it.

—*Detroit Emergency Hosp. Rep.*

ABSORPTION OF IRON.—Socin says the absorption of iron is known to occur in the alimentary canal, some believing that the iron enters by the lymphatic vessels, and that its secretion occurs at the kidneys in the urine. The methods employed in the determination of the iron are given in detail, as also a series of experiments upon dogs and mice. With the mice the experiments were conducted with great care, five different varieties of food being given: (1) food absolutely free from iron; (2) the same iron-free food with hæmoglobin added; (3) the same food, but with hæmatogen added; (4) the same food, but with the addition of ferric chloride; and (5) ordinary hard-boiled yolk of egg, together with iron-free starch, cellulose, and water. Of his series of experiments, these are the results: (1) the organic iron combinations of yolk of egg are absorbable; (2) filtered urine, when ordinary diet is taken, contains no proportion of iron quantitatively estimable; (3) serum albumin prepared from hæmoglobin-free serum is devoid of iron; (4) it is as yet impossible to prepare an artificial diet containing all the food stuffs essential to life; (5) simple comparisons of the quantity of iron in the food and

the excreta, respectively, leave as yet the question as to the relative absorbability of iron combinations undecided.—*Brit. Med. Jour.*

THE GYNECOLOGICAL LARYNX.—The most difficult cases the laryngologist has to contend with are diseases of the throat caused by disturbance of the ovaries. It is common to meet cases of acute inflammation of the tonsils, larynx, pharynx and fauces in females during their menstrual period. I have observed the voice, in singers who have applied to me for treatment during the menstrual period, defective in gravity, force, and timbre, producing a husky sound of a low masculine order.

A laryngologist of acute hearing who will train his ear to the recognition of sounds and acquaint himself with a known voice, can detect a menstruate nine times out of ten. All prima donnas try to avoid engagements during their periods. It is recognized from time immemorial that extirpation of the testicles will greatly change the voice in males.

The finest male chorus I ever heard was by a band of eunuchs at St. Petersburg, who were prepared for that purpose. Born eunuchs, or hermaphrodites, generally have voices of feminine order, but do not make good singers on account of their sluggishness and want of animal propensities. It is said that in order to make a good singer one must be in love. It is indisputable that impediments in the male organs influence the male voice; so, too, impediments in female organs influence the female voice.

In many cases of ovarian disturbance, enlargement and hypertrophy of the tonsils and of the soft palate are observed; hence the laryngologist oftentimes can accomplish little without the assistance of a competent gynecologist.

—Von Klein, *Jour. Am. Med. Assoc.*

DIPHTHERIA.—It should be clearly held in mind by those eager to draw from experimental studies on the etiology of this disease such practical lessons as shall be of value in treatment, that whether one or more causative agents are at work in setting up those acute infectious diseases which are associated with the formation of a pseudo membrane, it seems to be fully established that in all of the cases the seat of infection and the origin of the mischief is always a local one. All these experiments point to the paramount importance of efficient local germicidal treatment, and this is equally important whether the bacillus of Loeffler, or the streptococcus, or both together, be the infecting agent.

It is the complicating broncho-pneumonia and the systemic poisoning which carry off a large proportion of the victims of pseudo-membranous pharyngitis and laryngitis. That the pneumonia is largely dependent, in many cases, at least, upon the streptococcus, which is so frequently present, seems pretty well established. How much of the systemic affection is due to the streptococcus when this is present in the membrane and in the viscera, as is so often the case, and how much to a poisonous material absorbed from the seat of growth and development of the Loeffler bacillus in the local lesion, it is not possible at present definitely to say. That the poison locally produced by the Loeffler bacillus can and usually does alone cause the characteristic systemic effects in primary diphtheria, is well established.

It seems to the writer that a simple "Liquet" may be uttered on this subject, not as Loeffler believes when such experimental results as seem at the first sight to be out of harmony with his conclusions "shall

have been shown to be incorrect," but when they shall be judged on the basis of a definite nomenclature and apart from the thrall of a too limited conception of the nature of those acute infectious diseases which have not a wholly definite characteristic and constant local lesion.—Prudden, *Med. Record*.

RHEUMATIC FLAT-FOOT.—J. G., aged thirty, is a car conductor, of previous good health. Eighteen months ago he had an attack of inflammatory rheumatism. Nearly all the joints were swollen. He was ill for six months. He then began to go about. The feet began to show deformity, and to give him great pain. There had previously been no flattening of the feet. When I first saw him the feet were greatly deformed. They were swollen, rigid and flattened. The extensor muscles of the toes were in a state of spasm. The reflexes of the feet and legs were increased. There was no motion at the ankle, nor lateral motion in the tarsus. There was atrophy of the calf muscles, the leg measuring but ten inches in circumference. The disability was increasing rapidly. Under ether the displacement of the tarsal and metatarsal bones was corrected; and foot plates were made. The mobility and usefulness of the feet have increased, and although there is still much to be done before the patient will be able to resume his work, the outlook is favorable.

There is a considerable number of cases in which, after rheumatism, the deformity is slight or wanting, but the disability is great. Sometimes this disability is due merely to the arthritis which persists after the disappearance of the disease. Often it is a combination of arthritis and those conditions, which, for the want of a better general term we call flat-foot. Great relief can be afforded in many of these cases, by supporting the arch of the foot, and I believe there is no better way of doing this than by Whitman's plates.

The reasons for the appearance of flat foot after rheumatism are many. The muscular power of the leg and foot is diminished. The tissues are softened by inflammation. The effort to use the foot with the least discomfort, that is, with the least motion, induces the patient to abduct the feet. The patient swings the feet along with the toes diverging and walks with little or no motion at the ankle. This necessarily throws him upon the inner border of the foot, and on account of the weakened state of the foot is more likely to produce breaking down of the arch. At the same time the abductor muscles by their persistent effort to evert and fix the foot are brought into a state of spasm and become contracted.

Whitman has recently shown that many cases of what is called chronic sprain of the ankle are in reality cases of "persistent abduction" of the foot, which are never relieved until the deformity is corrected, and the foot strengthened and kept in its corrected position.

The point to which I especially wish to draw attention is the importance of correct use of the feet after rheumatic attacks; and the avoidance of such deformity as we have seen in the two cases presented. If patients use the feet while they are still painful, they should be watched to see that they do not do positive injury to them. If disability persists, even though no deformity can be seen, much relief may often be obtained by the use of the foot-plates. The use of the plates should be combined with massage, and appropriate medical treatment as indicated by the case.—Harrington, *Boston M. and S. Journal*.

Medical News and Miscellany.

A NEW leper-house has been opened in Livonia, Russia.

DR. J. H. SCHUTZ, of Pottstown, died at that place April 18.

DR. C. A. L. REED proposes a Pan-American Medical Congress.

A JAPANESE surgeon treats spinal curvature with a jacket of bamboo splints.

THE University of Moscow has introduced electric lights for its clinical service.

THE late census in India shows the population of that country to be 285,000,000.

DR. MARBOURG, a promising young physician of Bedford, died last week of influenza.

THE Yakima Indians are dying off from the combined effects of la grippe and sweat-boxes.

DR. J. C. SUNDBERG takes the place of Dr. D. A. Hodghead, as editor of *The Pacific Medical Journal*.

FOURTEEN patients died April 19 in Bellevue Hospital. Thirteen of the deaths were due to la grippe.

DR. OREN ONEAL repeats Dr. Flick's recommendation of the various preparations of ammonia in influenza.

DIPHTHERIA, la grippe and measles have carried off 200 children from Reading and the surrounding districts.

DR. KOCH's hospital at Charlottenburg is a failure, even free beds being unoccupied, and the place has been closed.

DR. EDWARDS has discovered a Pennsylvanian whose three wives presented him with 41 pledges of their affection within 28 years.

IN the *British Medical Journal* for April 4, we find recorded cases in which varicella and scarlatina co-existed, also varicella and measles.

PROF. J. M. DACOSTA has resigned the Chair of Practice of Medicine at Jefferson Medical College, that he has filled for nineteen years.

A PHYSICIAN in Honduras states that nearly all the children born in that country, male and female, have at birth developed breasts, secreting milk.

AMONG the less desirable immigrants sent to us from the Old World, last week, were cases of typhus fever on the steamer La Bourgogne, and small-pox on the Fulda.

DR. CYRUS EDSON asks whether we have done well in discarding the use of the issue and the seton. Many practitioners have not yet discarded them, and have no intention of doing so.

BILLROTH's opinion is decidedly adverse to Mosetig Moorhof's claims anent the cure of cancer by injections of methyl-violet. The treatment is still continued in advanced and non-operative cases.

UNIVERSITY College Hospital (of London, not Philadelphia) closes its fiscal year with a debt of \$70,000. The Salvation Army is blamed for absorbing funds formerly going into the hospital coffers.

DURING a slight fire in a hotel in Chattanooga recently, Charles Werner, a hoseman, who was putting a stream into a third-story window, received a shock from an electric light wire and fell dead to the ground in the presence of a crowd of spectators.

THE 14th Congress of the Italian Medical Association meets in Siena, August 16 to 21, under the presidency of Prof. Barduzzi.

ABOUT \$1,600 was realized by the Kendal matinee for the endowment of a free bed for actors at the Medico-Chirurgical Hospital. It is hoped that the required sum will be completed shortly, as there is great need for such accommodations.

THE National Association of Railway Surgeons will convene at Buffalo, New York, Thursday, April 30, 1891. This is a change of one week from the time previously announced, the change having been made so as not to conflict with the dates covered by the meeting of the American Medical Association.

WEEKLY Report of Interments in Philadelphia, from April 11 to April 18, 1891:

CAUSES OF DEATH.		Adults.	Minors.	CAUSES OF DEATH.		Adults.	Minors.
Anemia.....		1		Inflammation bladder.....		1	20
Apoplexy.....		16		" brain.....		5	30
Bright's disease.....		9		" bronchi.....		3	9
Burns and scalds.....		2		" kidneys.....		9	1
Cancer.....		7		" larynx.....		1	
Casualties.....		7		" liver.....		1	
Cerebro-spinal meningitis.....		2		" lungs.....		34	18
Congestion of the brain.....		2		" pericardium.....		3	3
" " lungs.....		1		" peritoneum.....		7	
" " liver.....		1		" s. & bowels.....		5	1
Cholera infantum.....			4	" uterus.....		1	
Cirrhosis of the liver.....		1		Insanity.....		2	
Collapse of the lungs.....			2	Intussusception.....		1	
Consumption of the lungs.....		40	11	Locomotor ataxia.....		1	
" " throat.....				Marasmus.....		1	17
" " bowels.....				Neuralgia, heart.....		1	
Convulsions.....		1	29	Obstruction of the bowels.....		2	1
Croup.....			9	Old age.....		19	
Cyanosis.....			2	Paralysis.....		5	
Debility.....			5	Poisoning, laudanum.....		1	
Diabetes.....			1	Perforation of the bowels.....		1	
Diarrhoea.....			2	Pyemia.....		2	
Diphtheria.....			10	Stenosis of the heart.....		2	
Disease of the heart.....		32	1	Shock.....		1	
" " hip joint.....		1		Sclerosis, disseminated.....		1	
" " spine.....			2	Scrofula.....		3	
Drowned.....		3	1	Septicæmia.....		2	
Dropsy.....		1	1	Small-pox.....		1	
Effusion of the brain.....		1		Softening of the brain.....		2	
Embolism, cerebral.....		1		Suffocation, of illuminating			
Erysipelas.....			1	gas.....		1	
Enlargement of the heart.....		1		Suffocation.....		1	
Empyema.....		1		Suicide.....		2	
Fatty degeneration of the				Syphilis.....		2	
heart.....		1		Teething.....		5	
Fever, scarlet.....		5		Tumor.....		3	
" typhoid.....		18	4	Uremia.....		5	
Gall stone.....		1		Whooping cough.....		2	
Gangrene.....		1		Total.....		288	186
Hemorrhage.....		4	1				
Inanition.....		1	6				
Influenza.....		9	1				

SOME idea of the severity of the New York gripe epidemic, and of its deadly effect in connection with other diseases, will be gained by a comparison of last week's death record with the similar week in five preceding years. Last week there were 1,347 deaths; the average for the five preceding years was 841. Here is an increase of over 500; and week before last the death rate was also abnormal, the record showing 1,216 deaths. It can hardly be doubted that gripe is responsible for this great increase. The report of the Registrar of Vital Statistics shows that last week 179 died of gripe and complications, and that 108 died from the same causes the preceding week. Bronchitis, pneumonia and consumption were the cause of 517 deaths last week and 500 the week before. There were 697 deaths in Brooklyn last week, the greatest number ever reported. This makes the death rate 42.15 in 1,000, or about double the usual rate. Of the deaths 374 were due to pulmonary troubles. The authorities think the turning point has been reached, and that the epidemic is losing its force, as the death list shows a noteworthy decrease since Thursday.

—Ledger, April 20.

IN *The Maritime Medical News*, Dr. Morrow reports a femoral aneurism cured by digital compression maintained for sixty-six hours.

MYXEDEMA has been found in a Thibetan, and of 63 Thibetan prisoners in Sikkim the thyroid gland was found to be notably affected in 36.

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from April 5, to April 18, 1891.

By direction of the Secretary of War, the following changes in the stations of medical officers are ordered: Captain Marshall W. Wood, Assistant-Surgeon, is relieved from duty at Fort Meade, South Dakota, and will report in person to commanding officer Fort Preble, Maine, for duty at that post, relieving Captain William B. Davis, Assistant-Surgeon. Captain Davis, on being relieved by Captain Wood, will report in person to the commanding officer Fort Clark, Texas, for duty at that station. Par. 11, S. O. 85, A. G. O., Washington, April 15, 1891.

By direction of the Secretary of War, a board of medical officers, to consist of: Major Henry McElderry, Surgeon; Captain James C. Merrill, Assistant-Surgeon; Captain W. Fitzhugh Carter, Assistant-Surgeon, are appointed to meet at West Point, N. Y., May 1, 1891, or as soon thereafter as practicable, to examine such cadets of the U. S. Military Academy as have been granted leave of absence until that date on account of physical disability, and to report upon their physical fitness to continue with the Corps of Cadets. Par. 2, S. O. 83, A. G. O., Washington, April 13, 1891.

By direction of the acting Secretary of War, leave of absence for six months on surgeon's certificate of disability is granted Major Passmore Middleton, Surgeon. Par. 4, S. O. 81, Headquarters of the Army, A. G. O., April 10, 1891.

By direction of the acting Secretary of War, the leave of absence granted Captain Henry P. Birmingham, Assistant-Surgeon, in S. O. 39, March 13, 1891, Department of the Columbia, is extended one month. Par. 2, S. O. 81, Headquarters of the Army, A. G. O., Washington, April 10, 1891.

By direction of the acting Secretary of War, Captain Jno. Van R. Hoff, Assistant-Surgeon, now in New York City, on leave of absence, is assigned to duty as an additional member of the Board of Medical Officers, constituted by paragraph 18, S. O. 52, March 7, 1891, from this office, to meet in New York City, for the examination of candidates for admission to the Medical Corps of the Army, etc. Par. 6, S. O. 78, A. G. O., Washington, April 7, 1891.

Changes in the Medical Corps of the U. S. Navy for the week ending April 18, 1891.

BEARDSLEY, GROVE S., Medical Director. Appointed a delegate to represent Medical Department, Navy, at meeting of American Medical Association at Washington, D.C., May 5, 1891.

FLINT, JAMES M., Surgeon. Appointed a delegate to represent Medical Department of the Navy at meeting of American Medical Association at Washington, D.C., May 5, 1891.

GRIFFITH, S. H., Passed Assistant-Surgeon. Detached from the U. S. S. "Dolphin," and granted one month's leave of absence from date of detachment.

TO CONTRIBUTORS AND CORRESPONDENTS

ALL articles to be published under the head of original matter must be contributed to this journal alone, to insure their acceptance; each article must be accompanied by a note stating the conditions under which the author desires its insertion, and whether he wishes any reprints of the same.

Letters and communications, whether intended for publication or not, must contain the writer's name and address, not necessarily for publication, however. Letters asking for information will be answered privately or through the columns of the journal, according to their nature and the wish of the writers.

The secretaries of the various medical societies will confer a favor by sending us the dates of meetings, orders of exercises, and other matters of special interest connected therewith. Notifications, news, clippings, and marked newspaper items, relating to medical matters, personal, scientific, or public, will be thankfully received and published as space allows.

Address all communications to 1725 Arch Street.

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HUNTER MCGUIRE, M.D., L.L.D., late Professor of Surgery, Medical College of Virginia, Richmond: In "BUFFALO LITHIA WATER, *Spring No. 2*, as an ALKALINE DIURETIC is invaluable. URIC ACID GRAVEL, and, indeed, in diseases generally dependent upon a URIC ACID DIATHESIS, it is a remedy of EXTRAORDINARY POTENCY. I have prescribed it in cases of RHEUMATIC GOUT, which had resisted the ordinary remedies, with wonderfully good results. I HAVE USED IT ALSO IN MY OWN CASE, BEING A GREAT SUFFERER FROM THIS MALADY, AND HAVE DERIVED MORE BENEFIT FROM IT THAN FROM ANY OTHER REMEDY."

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OPINION OF THE PROFESSION.

Dr. Geo. B. Hope, Surgeon Metropolitan Throat Hospital, Professor Diseases of Throat, University of Vermont, writes in an article headed "Some Clinical Features of Diphtheria, and the treatment by Peroxide of Hydrogen" (*N.Y. Medical Record*, October 12, 1896). Extract:

"... On account of their poisonous or irritant nature the active germicides have a utility limited particularly to surface or open wound applications, and their free use in reaching diphtheritic formations in the mouth or throat, particularly in children, is, unfortunately, not within the range of systematic treatment. In Peroxide of Hydrogen, however, it is confidently believed will be found, if not a specific, at least the most efficient topical agent in destroying the contagious element and limiting the spread of its formation, and at the same time a remedy which may be employed in the most thorough manner without dread of producing any vicious constitutional effect."

"In all the cases treated (at the Metropolitan Throat Hospital), a fresh, standard Marchand preparation of fifteen volumes was that on which the experience of the writer has been based."

Dr. E. R. Squibb, of Brooklyn, writes as follows in an article headed "On the Medical Use of Hydrogen Peroxide" (*Cecil's Medical Journal*, March, 1896, p. 307), read before the Kings County Medical Association, February 5, 1896:

"Throughout the discussion upon diphtheria very little has been said of the use of the Peroxide of Hydrogen, or hydrogen dioxide; yet it is perhaps the most powerful of all disinfectants and antiseptics, acting both chemically and mechanically upon all excretions

and secretions, so as to thoroughly change their character and reactions instantly. The few physicians who have used it in such diseases as diphtheria, scarlatina, smallpox, and upon all diseased surfaces, whether of skin or mucous membrane, have uniformly spoken well of it so far as this writer knows, and perhaps the reason why it is not more used is that it is so little known and its nature and action so little understood."

"Now, if diphtheria be at first a local disease, and be auto-infectious; that is, if it be propagated to the general organism by a contagious virus located about the tonsils, and if this virus be, as it really is, an albuminoid substance, it may and will be destroyed by this agent upon a sufficient and a sufficiently repeated contact."

"A child's nostrils, pharynx and mouth may be flooded every two or three hours, or oftener, from a proper spray apparatus with a two volume solution without force, and with very little discomfort; and any solution which finds its way into the larynx or stomach is beneficial rather than harmful, and thus the effect of corrosive sublimate is obtained without its risks or dangers."

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 Tell us your tale, O!
 It is told to you all
 As a warning small
 By a poor down-trodden male, O!
 It's the tale of a medical man, made mad,
 Whose words were wrath, and whose sighs were sad,
 For, alas! his practice went to the bad
 And all thro' a Doctor Lady,
 Heighdy! Heighdy!
 Misery me, lackaday dee!
 His words were wrath and his sighs were sad,
 When he thought of the Doctor Lady.

I have a tale to tell, O!
 Tell us your tale, O!
 It is told with a laugh,
 And a gay, gay chaff,
 For love's a bright, bright tale, O!
 It's the tale of this self-same medical man
 Who thought a thought, and who planned a plan,
 Whose laugh was light, and whose grin was glad,
 His words not wrath, nor his sighs so sad,
 For see what a capital plan he had—
 He made love to the Doctor Lady!
 Heighdy! Heighdy!
 Misery me, lackaday dee!
 With a laugh so light and a grin so glad,
 He made love to the Doctor Lady!

I have a tale to tell, O!
 Tell us your tale, O!
 It is told with a sigh,
 And a tear in the eye,
 For, O! 'tis a terrible tale, O!
 It's the tale of a poor, poor husband, who
 Does the work of a wife, and a servant, too.
 For such is the fate of this medical man
 Who thought a thought, and who planned a plan,
 Whose laugh's not light, whose grin's not glad,
 Whose words are wrath, whose sighs are sad,

Who thinks not so much of the plan he had
 Now he's married the Doctor Lady!
 Heighdy! Heighdy!
 Misery me, lackaday dee!
 His words are wrath, and his sighs are sad,
 Now he's married the Doctor Lady!

—Hosp. Gazette.

"SUPERIOR MERITS," "PERFECT SATISFACTION."—The following is a recent communication received at Kidder's Electrical Depot:

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Numerous imitations, prepared in a different manner, and not of the same strength, and from which the same therapeutic effect cannot be obtained, are sold and substituted where this Syrup is ordered.

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The seventh edition of Gardner's pamphlet, issued in October, 1889, containing seventy pages of matter devoted to this preparation, its origin, chemical characteristics, indications, doses and details of treatment, will be forwarded to any physician upon application free of charge.

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REGULAR SESSION OF 1890-91, OPENED SEPTEMBER 15, 1890.

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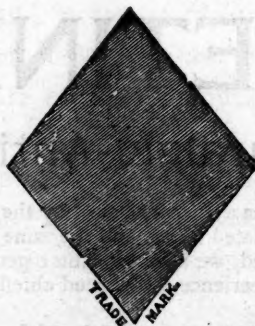
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